BILLET D'ÉTAT

XXXI
2009

WEDNESDAY, 25th NOVEMBER, 2009

VOLUME II

Printed by Image Group, Caslon Court, Pitronnerie Road, St Peter Port, Guernsey GY1 3NE

Price £2.50

HEALTH AND SOCIAL SERVICES DEPARTMENT

GUERNSEY OBESITY STRATEGY

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

23rd September 2009

Dear Sir

EXECUTIVE SUMMARY

1. Rising levels of obesity are of increasing concern both nationally and internationally. In June 2006, the States agreed to a more strategic approach to rising levels of obesity locally and directed the Health and Social Services Department (HSSD) to report back with recommendations.

2. Following extensive research, a new report entitled 'The Guernsey Obesity Strategy' has been produced and circulated to a number of other States Departments and interested stakeholders. The recommendations contained in this report have been modified in the light of comments received.

3. The causes of obesity are enormously complex and will not be solved without 'whole government' action, supporting and supported by the business sector, all sections of the health professions, voluntary groups and organisations and by individuals themselves.

4. Obesity can be defined as a 'condition where weight gain has reached a point that it poses a serious threat to health' and is measured using Body Mass Index (BMI). Adults with a BMI of over 30 are defined as obese and those with a BMI of over 40 are defined as morbidly obese.

5. The causes of obesity are complex and it has been found that obesity is the result of interactions between a wide variety of factors – or variables – relating to individual biology and behaviours. These are, in turn, influenced by a range of social, economic and environmental variables, many of which are outside the individual's control.

6. The prevalence of obesity amongst adults in England has more than tripled since the 1980s and, accordingly, the health risk due to obesity has also risen. Data also indicate that one in three children in England is either overweight or obese.

Data available in relation to adults and children in Guernsey suggest that Guernsey is following a similar pattern to that of the UK.

7. Rising levels of obesity are associated with rising healthcare costs and increasing costs to businesses and society as a whole. Modelling similar scenarios to those of the UK, the estimated cost of obesity in additional healthcare requirements in Guernsey over the next 30 years would be between £2.6 million and £5.4 million per year and, if no changes are made, this would be unsustainable.

8. There is a wide variety of preventative and management services in Guernsey to help tackle obesity. However, there are gaps in service provision and existing provision needs to be enhanced.

9. Just as the root causes of obesity are widespread in our modern environment, so too must their solution depend on 'whole government' action, supporting and supported by the business sector, all sections of the health professions, voluntary groups and organisations, and by individuals themselves. Consequently, this report and the attached strategy identify actions required by various agencies and it is recommended that the a separate Obesity Strategy budget be established when resources allow, to implement the proposals under the management of a cross-department officer level obesity group, which will report to the Social Policy Group. It is noted that the current States Strategic Plan does not include any resource allocations for this strategy in 2010 but the Social Policy Plan priorities for 2011 and succeeding years will, hopefully, take account of the needs identified. Meanwhile, progress can be made on those items that do not require additional resources.

BACKGROUND

10. In June 2007, the States considered a report from the HSSD on the need for a Nutrition, Exercise and Weight Strategy for Guernsey.

11. This proposed a range of interventions to address the growing health and other problems associated with increasing levels of obesity amongst both young people and adults in Guernsey.

12. The report was a 'green paper', debated under Rule 12(4) of the Rules of Procedure, and the States resolved '*to direct the Health and Social Services Department to report back to the States by June 2008 (earlier if feasible) with firm proposals based on the further investigations required, taking into account the views expressed by the States, together with the consultations undertaken with other interested parties and identify the resource implications of the strategy.'*

13. The Obesity Strategy Group was reconvened in September 2007 and has since met on a further six occasions to co-ordinate and review progress.

14. It was also agreed to appoint a Research Assistant/Project Co-ordinator to ensure a structured and systematic approach to the extensive research necessary to complete the report.

15. Due to the volume of new research, both nationally and internationally, the report of the Obesity Strategy Group was not completed until May 2008. The report is attached (See Appendix 3).

16. Because of the need to allow adequate time for States Departments and other organisations to consider the implications of the report, and particularly how it would impact on their own plans, the Health and Social Services Minister advised the States at the May 2008 meeting that it had been necessary to delay submission of the report to the States.

WHAT THE REPORT SAYS

17. The Guernsey Obesity Strategy has been produced in response to concerns about rising levels of obesity in the island; concerns that are shared both nationally and internationally.

18. The report represents a synthesis of many hundreds of pages of published research that was considered by the Guernsey Obesity Strategy Group to be most relevant to Guernsey's needs. Although data from England or the UK are quoted because more detailed data are available than for Guernsey, the local information that is available, suggests that comparison with England is relevant.

19. It is obviously impossible to do more than summarise its main findings. States Members are advised to read the full report of the Guernsey Obesity Strategy Group and to access the various references if they wish to understand this complex subject more fully.

20. Obesity has been described in the UK Government's latest strategy as '*the most significant public and personal health challenge facing us today*'(1).

21. Not only is obesity associated with a wide range of health conditions, such as heart disease, type 2 diabetes and maternal and infant mortality, it also brings with it wider social and economic costs.

22. To begin to tackle levels of obesity and the problems with which it is associated, it is important to gain an understanding of the condition itself and its causes.

23. Obesity can be defined as a 'condition where weight gain has reached a point where it poses a serious threat to health' (2). It is assessed using Body Mass Index (BMI), which is calculated by dividing an individual's weight (measured in kilograms) by their height (measured in metres) squared.

24. In adults, a BMI of 25 to less than 30 is defined as overweight, a BMI of 30 and over is defined as obese and one of 40 and over is defined as morbidly obese (3).

25. A raised waist circumference is also associated with a range of health conditions and is increasingly used, in conjunction with BMI, to assess an individual's health risk in relation to their weight (4).

26. For children, the relationship between BMI and weight status is subject to variation by age, height and gender so, currently, a series of growth charts are used instead (4).

27. The causes of obesity are complex. In October 2007, the UK Government Office for Science produced the highly regarded Foresight report '*Tackling Obesities: Future Choices*' that sets out the findings of an independent scientific enquiry into the causes of obesity (5). The report demonstrates that the common perception 'if only people ate less and did more, then the problem of obesity would be solved' is a deceptively simple view' (5).

28. Instead, the report found that obesity is the result of interactions between an enormous variety of factors, or variables, relating to individual biology, dietary habits, levels of physical activity and psychological behaviours. These are, in turn, influenced by a range of social, cultural, economic and environmental variables, such as long working hours, exposure to food advertising, urban design, parental body weight, feeding patterns in infancy, accessibility and affordability of places to be active, methods of food production and lack of cooking skills (5).

29. Many of these variables (108 different variables were identified in total) are outside the individual's control, leading to the conclusion that we live in an 'obesogenic society', a society that drives us towards obesity and in which it is difficult to maintain a healthy weight (5).

30. Particular mention must also be made of the influence of socio-economic status and health inequalities in relation to risk of obesity. Although the problem of obesity is by no means attributable to socio-economic status alone, a large number of the variables that contribute to obesity levels are associated with low socio-economic status and health inequalities (6).

31. Access to healthcare, percentage of income spent on food, real and perceived price of a healthy diet, level of education and cultural beliefs are some of the contributing factors associated with obesity (4,8).

32. Therefore, not only does the complex range of causes of obesity point to an equally complex range of interventions to tackle the problem, but each of those interventions, in turn, needs to take into account the issues of socio-economic status and inequalities in health.

33. To determine the nature and scale of the interventions themselves, it is necessary, first, to demonstrate the current and predicted levels of obesity, both in Guernsey and in the UK, together with their associated costs.

PREVALENCE AND TRENDS IN OBESITY

34. The prevalence of obesity amongst adults in England has more than tripled since the 1980s (3). According to the Health Survey for England, in 2006, 24% of adults were obese and a further 38% of adults were overweight, giving a total of 62% of the adult population with a BMI of 25 or more (3). Similarly, waist circumference has risen from an average of 93.2 cm in 1993 to 96.8 cm in 2006 for men and from an average of 81.7 cm to 86.4 cm for women over the same period (7).

35. Accordingly, the health risk due to obesity has also risen. Current figures suggest that 54% of men and 53% of women in England are at an increased risk of a range of illnesses, such as heart disease and type 2 diabetes, due to their weight (3).

36. Data from the same survey also indicate that one in three children in England is either overweight or obese (3). This is of particular concern as research suggests that children who are obese are highly likely to remain obese into adulthood and, therefore, face the consequent physical and psychological health risks inherent in the condition (5).

37. Alarmingly, too, the UK Government Foresight Report forecasts with confidence 'at least in the medium term' that, by 2050, only 10% of men and only 15% of women will be within the limit considered to be a healthy weight (5).

38. Data concerning levels of obesity in both adults and children in Guernsey are obviously more limited than in the UK. However, research instruments such as the Guernsey Healthy Lifestyle Survey (9) and the Guernsey Young People's Survey (10) reveal that Guernsey is following a similar pattern to that of the UK.

39. Figures from the 4th Guernsey Healthy Lifestyle Survey, conducted in 2003, suggested that 19% of men and 20% of women were already obese, an increase from 5% and 13% in 1988, when the survey was first conducted (9).

40. As regards the weight of Guernsey children, less comprehensive data presents difficulties, but tentative conclusions can be drawn that both prevalence and trends show a cause for concern, and a need for action to tackle obesity.

COSTS OF OBESITY

41. Rising levels of obesity are associated with rising healthcare costs and increasing costs to businesses and society as a whole. The UK Government Foresight Report includes advanced computer modelling to predict future costs of obesity to the NHS. Researchers demonstrated that, even if obesity levels can be slowed or reversed, healthcare costs will increase significantly over the next 30 years; figures ranging from an additional £2,600 million to £5,400 million per year for the NHS (5).

42. Similarly, modelling the same scenarios in Guernsey, the estimated additional healthcare costs would be between £2.6 million and £5.4 million per year.

43. If no action is taken and there are no changes to current trends in obesity, cost increases have been predicted to be unsustainable and 'would bankrupt the NHS' (11). Could the same be said of Guernsey's healthcare system?

44. Furthermore, should trends continue until 2050 and, as predicted by the Foresight Report, 60% of males and 50% of females in the UK become obese, costs to society and businesses are forecast to rise to £45.5 billion annually (5) – equivalent to £45.5 million in the Guernsey context.

45. Clearly, action to slow and then reverse the levels of obesity in Guernsey is crucial. Moreover, such action will also have 'parallel benefits'. For example, strategies aimed at increasing walking and cycling amongst the population will also benefit efforts to reverse climate change; those aimed at increasing fruit and vegetable consumption will fall in line with work to reduce cancer levels; and those designed to improve access to healthcare or broaden health education will also support action to reduce health inequalities.

PROPOSED ACTION TO TACKLE OBESITY IN GUERNSEY

46. Currently, a wide variety of both preventative and management services to help tackle obesity exists in Guernsey. These range from the HSSD services (including midwifery, health visiting, school nursing and dietetic services) to those provided by the Education Department, Culture and Leisure Department and the Guernsey Sports Commission.

47. Gaps in service provision have been identified by relevant stakeholders and it is recognised that existing service provision will also need to be enhanced in the face of increasing demand.

48. Tackling obesity will require a systemic or 'paradigm' shift in the way we lead our lives and will require action from across government through to community, family and individual levels (5). Health will need to be redefined as an economic and societal issue, rather than one to be solely tackled at an individual level (5). The HSSD hopes that this will be reflected in future iterations of the States Strategic Plan.

49. Tackling obesity will also require an integrated and wide-ranging programme of interventions. Despite the fact that evidence to inform such interventions is weak, delays in action will only make obesity yet more difficult to tackle (5). Therefore, progress must be made based on the best evidence available and the interventions monitored, evaluated and refined over time.

50. An effective strategy will include a blend of preventative and management components and will be balanced between efforts to reach the population as a

whole and interventions targeted at high risk groups (4). A committed and sustained approach is vital, as interventions will be required over an individual's life course (5).

51. It will be important to set and then monitor indicators of success from the outset. It is unrealistic to expect that the 'rising tide of obesity' will be any more than stemmed initially, at least 20 years before it is reversed and at least 20 to 30 years before reductions in levels of chronic disease and associated healthcare costs can be demonstrated (5).

52. If left unchecked, however, the financial burden of obesity would become unsupportable (5). It is worth referring to the Guernsey Tobacco Strategy as demonstration of the fact that, despite the daunting scale of the problem, success *is* achievable, with better population health as a consequence.

THE NEED FOR A WIDER CONSULTATION

53. The one thing that clearly emerges from the above research is that the growing levels of obesity in the population are far more complex than expressed in the simple equation;

energy expenditure < energy intake = weight gain

54. Similarly, attempts to regard growing levels of obesity merely as a health problem are over-simplistic and are unlikely to be successful.

55. Just as the root causes of obesity are widespread in our modern environment, so too must their solution depend on 'whole government' action supporting and supported by the business sector, all sections of the health professions, voluntary groups and organisations, and by individuals themselves.

56. Fundamental to obtaining this support is the need for wide consultation. In addition to internal consultation within the HSSD, the following groups were sent a copy of the Guernsey Obesity Strategy Group's report:

- Commerce and Employment Department
- Culture and Leisure Department
- Education Department
- Environment Department
- Home Department
- Guernsey Chamber of Commerce
- Primary Care Group Practices
- Primary Care Company Limited
- Medical Specialist Group

- Guernsey Pre-School Alliance
- Guernsey Physiotherapy Group
- St John Ambulance & Rescue Service
- Guernsey Sports Commission

57. Those responses received were generally supportive of the need for a Guernsey Obesity Strategy, but indicated a wide variation in the degree to which they felt that this fell within their mandate, or to the level of resources they would be able to offer. The HSSD was particularly appreciative of the thoughtful and detailed response from the Environment Department and has asked for an officer from that Department to join the Guernsey Obesity Strategy Group to assist in implementation and progress monitoring.

58. The original responses are appended (Appendix 4) and the Guernsey Obesity Strategy Report itself has been amended to reflect the views and resource implications of those consulted. The recommendations set out work to be actioned in 2009/2010 if a start is to be made on tackling the problem of obesity. This will be subject, of course, to resources being available. An indication of the resource implications involved has been given by the HSSD and relevant consultees and these have been summarised in Appendix 2. A further section indicates longer term action required.

OBESITY STRATEGY RECOMMENDATIONS AND RESOURCE IMPLICATIONS

Recommendation 1

59. That monitoring of levels of overweight and obesity in Guernsey and Alderney be maintained and improved. These would include:

- babies at birth;
- children at their 3½ year check;
- by school nurses and Sports Commission staff during new Reception and Year 6 school surveys;
- through further '*Young People's Surveys'* as successfully completed in 2007;
- by primary care practitioners through 'healthy lifestyle' and other screening checks;
- through the 'Healthy Lifestyle' survey conducted amongst 1500 Guernsey adults every five years by the Health Promotion Unit;
- through maternity bookings at the Princess Elizabeth Hospital and during antenatal care (see Recommendation 8).

Resource implications: within existing resources - if Recommendation 10 (for an additional school nurse) is accepted and see also Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 2

60. That the Guernsey Obesity Strategy Group remains in existence and meets at least once annually. Its functions would be to receive and analyse the above information, report on trends in overweight and obesity levels in the Guernsey and Alderney population and monitor progress towards achievement of other recommendations. More frequent meetings would allow this to become a true steering group, akin to the successful Drug and Alcohol Strategy Group.

In addition, that a cross-department officer level obesity group be established to help ensure an integrated approach and to agree investment. It is envisaged that the Obesity Strategy Group would report to this group concerning operational progress and development.

Resource implications: within existing resources.

Recommendation 3

61. Managers and health professionals in all care settings should ensure that preventing and managing obesity is a priority at both strategic and delivery levels. Dedicated resources should be allocated for action and all staff involved in interventions to prevent or manage obesity should be offered appropriate training. Time and space should be set aside for staff to take action and opportunities created for staff to develop multidisciplinary teams.

Resource implications: within existing resources.

Recommendation 4

62. Interventions aimed at preventing and/or managing obesity should, wherever possible, follow the guidance set out by NICE (2006) (12) and address issues concerning local needs and preferences, health inequalities, evidence of best practice, person-centred care and monitoring and evaluation.

Resource implications: within existing resources

Recommendation 5

63. Additional appropriately qualified member(s) of staff to provide dietetic expertise in relation to obesity should be employed to provide training and support to address the needs identified by primary care and the dietetic, midwifery, health visitor, school nursing and health trainer services, adult and child weight management programmes and interventions developed within the

community. Dieticians would also work alongside the young people's obesity clinic and the bariatric surgery service, together with receiving direct referrals.

Resource implications: the HSSD to recruit two new dieticians, at a cost of £95,000 per annum, to work largely in a community setting to support primary care initiatives.

Recommendation 6

64. The Health Promotion Unit should adopt a health promotion campaign directed at tackling obesity and to increase awareness of current and planned facilities and interventions.

Resource implications: within existing resources.

Recommendation 7

65. The promotion of breastfeeding (including the benefits of prolonged breastfeeding concerning obesity) should become a priority for the Health Promotion Unit. The forthcoming UK government's information campaign on the benefits of breastfeeding should be monitored and, if appropriate, amalgamated into local work. The campaign should include developing a supportive environment to encourage and facilitate prolonged breastfeeding. All relevant departments should also work to maintain the Princess Elizabeth Hospital's status as a UNICEF Baby Friendly Hospital, and further promote healthy diet and exercise during the early childhood years.

A specialist health visitor should be recruited to complement the work of the midwifery services on breastfeeding promotion, to work with children from birth to 5 years. This post would require specialist training, for example breastfeeding training based on UNICEF guidelines, delivered in the UK.

Resource implications: the HSSD to recruit a health visitor with responsibility to promote breastfeeding and act as a resource for parents and other staff. This post would provide ongoing training to all staff in the service area, at a cost of £40,000 per annum.

Recommendation 8

66. Families that are most likely to have overweight children should be identified during the antenatal period. In particular, mothers who are already obese at 12 weeks should be given appropriate advice. In addition, families of children and young people identified as being at high risk of obesity – such as children with at least one obese parent – should be offered ongoing support from an appropriately trained health professional.

A specialist health visitor should be recruited to extend and support current service provision for children from birth to 5 years old. This post would also

require specialist training delivered in the UK.

Resource implications: the HSSD to recruit a full time health visitor post to address these issues and work directly with parents, at a cost of £40,000 per annum.

The two posts identified in recommendations 7 and 8 would also assist in the delivery of recommendation 9.

Recommendation 9

67. Nurseries and other childcare facilities should follow NICE guidance (12) on preventing obesity. This will be monitored by the Early Years Service and also supported, in part, by the Sports Commission.

Resource implications: within existing resources; see also Recommendations 7 and 8 and Recommendation 15 (re: Guernsey Sports Commission staff costs). Depending on the method of implementation, members of the Pre School Alliance may incur additional costs, but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 10

68. All children should have their BMI measured at regular intervals when undergoing other health screenings and the results should be given to parents, together with information on healthy eating and appropriate physical activity. Consideration should be given to adopting the National Child Measurement Programme (NCMP), which involves measuring height and weight at Reception and Year 6 (19). Appropriate support should then be given to children and their families, where results from the programme identify a need. The Education and Health and Social Services Departments should ensure relevant staff receive appropriate training and resources to conduct and support such a programme.

Resource implications: the HSSD to recruit an additional school nurse to work with children from 5 to 16 years old, at a cost of £40,000 per annum.

Recommendation 11

69. The Education and the Health and Social Services Departments should continue to support the National Healthy Schools Programme and all schools should be encouraged to participate. The ethos of all school policies is to embrace the five outcomes contained in '*Every child matters'* and the Education Department curriculum statement. This includes '*being healthy*: *enjoying good physical and mental health and living a healthy lifestyle*'.

Resource implications: within existing Education Department resources; see also Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 12

70. All schools should produce a whole-school food policy aimed at promoting healthy eating and covering all food served, including food provided through vending machines or brought into school and what is taught about food. Schools that provide food should work with food providers to ensure nutrition standards produced by the UK Department for Children, Schools and Families and School Food Trust are followed.

Resource implications: within existing Education Department resources. Professional support from the HSSD to monitor the food provision in schools will be required: it is envisaged that this would come under the remit of a community dietician (see Recommendation 5).

Recommendation 13

71. The Education Department should consider and report back on the introduction of cookery as compulsory at Key Stage 3 from 2011 and the feasibility of developing 'Let's Get Cooking' cookery clubs (13) as being developed by the School Food Trust in the UK.

Resource implications: within existing Education Department resources.

Recommendation 14

72. All schools should continue to work towards improving levels of physical activity, together with improving diet as a matter of priority to help prevent excess weight gain. Schools should endeavour to provide two, and ultimately three, hours of physical activity a week, including curricular and extra-curricular activities. (New UK government targets relating to levels of physical activity in schools should also be monitored.) Activities that young people enjoy and are likely to take on into adulthood should be promoted by all staff.

Resource implications: the Education Department provision will be delivered within existing Education Department resources. See Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 15

73. The links between the Guernsey Sports Commission and the Education Department should continue and their brief should include strategic planning, raising standards, coaching and leadership and providing enhanced opportunities for in and out of school hours activities. Accordingly, the Guernsey Sports Commission might need to increase staff numbers and particularly so if the PE in Schools Programme currently under discussion comes to fruition.

Resource implications: to assist in implementing and supporting a PE in Schools Programme with suitably qualified full and part time specialist PE staff could incur a cost of up to £50,000.

Involvement of Guernsey Sports Commission staff in Recommendations 1, 9, 11, 14 & 18 will incur costs to the HSSD of approximately £10,000 per annum.

Recommendation 16

74. The Education Department should investigate the inclusion in the Inspection Framework for Phase 3 of the Validated School Self-Evaluation Process, the extent to which the school contributes to children and young people being healthy. Topics for evaluation would include the teaching and learning of issues relating to weight, nutrition and exercise and attitudes to participation in physical activity.

Resource implications: within existing Education Department resources.

Recommendation 17

75. The Environment Department should take into account new NICE guidance on how to improve the physical environment (20) so as to encourage and support physical activity and provide support and training to staff involved in implementing such guidance in as far as it is relevant to the Guernsey environment.

Resource implications: it appears from the response to the consultation document that many of the basic aims of the NICE guidance are already being taken into account by the Environment Department, so there should be no significant resource implications.

Recommendation 18

76. The Culture and Leisure Department should continue to promote the use of schools, church halls etc for sport and physical activity use and should follow up the Guernsey Sports Commission's work to encourage adults aged 50 + to use sports facilities.

Resource implications: see Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 19

77. The HSSD should work with local shops, supermarkets and restaurants to promote healthy eating choices in line with NICE guidance (12). Local food producers should be encouraged to follow the Food Standards Agency's Traffic Light Labelling System (15) wherever possible.

Resource implications: within existing resources. Depending on the method of implementation, retailers may incur additional costs, but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 20

78. The Health Promotion Unit should work with the Guernsey Chamber of Commerce to encourage local businesses to adopt the guidance set out in the UK Government's Health, Work and Well-Being Strategy (16) and the recent NICE guidance (12) in relation to supporting their staff to lead a healthy lifestyle and prevent excess weight gain. The HSSD should set an example in developing policies to prevent and manage obesity.

Resource implications: within existing resources. However, retailers may incur additional costs depending on the method of implementation but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 21

79. The HSSD should adopt the NICE clinical pathways and guidance (12) for the assessment and management of excess weight problems in both adults and children, ensuring sufficient training, resources and support.

In particular, bariatric surgery should be the treatment of last resort, and both adults and children should be referred for surgery via an obesity multidisciplinary team (MDT) that has concluded there is no other option for that patient and that surgery is medically indicated and necessary.

An obesity MDT has yet to be established and, initially, would need to use existing staff, e.g. dietician, clinical psychologist, etc. Over time, it would be hoped to devote more dedicated resources to this.

Resource implications: within existing resources.

Recommendation 22

80. Severe obesity needs to be recognised as a cause of serious medical problems and specialist training should be undertaken by GPs and other health professionals, such as health promotion tutors and health trainers (see Recommendation 25). This training could be founded on the evidence-based Counterweight Project (17).

A weight management referral scheme, similar to Lifefit (exercise on prescription scheme) should be further investigated and set up to help overweight and obese adults.

Resource implications: the cost of initial staff training, resource materials and course subsidisation is approximately £60,000.

Recommendation 23

81. The Health Promotion Unit and the HSSD's dieticians should only recommend or endorse those self-help, community and commercial weight management programmes that follow the best practice guidance outlined by NICE (12).

Resource implications: within existing resources.

Recommendation 24

82. A lifestyle referral scheme, similar to Lifefit (exercise on prescription scheme), should be set up to help overweight and obese children. The scheme would be operated by both the Health and Social Services and the Culture and Leisure Departments.

Resource implications: a budget of £12,000 is required for the first year for staff training and resource materials; thereafter, a budget of £7,200 per year is required to support the programme.

Recommendation 25

83. The HSSD should monitor the research being carried out by the UK government into widening the number and types of health professionals who can play an effective role in weight management. The HSSD should identify appropriate health professionals locally and ensure they receive training as recommended in NICE guidance (12).

Examples of such health professionals might include pharmacists and individuals trained to be health trainers. The Health Promotion Unit needs extra resources to expand its Live for Life programme to include tutors prepared to work one-to-one with individuals who need tailored lifestyle advice. These will be trained by the College of FE to obtain the City and Guilds Health Trainer qualification.

Resource implications: £36,000 per annum to allow the employment of five qualified 'health trainers' for up to 9 hours per week, allowing expert advice and support for up to 300 obese people annually in Guernsey and Alderney.

Recommendation 26

84. The specialised obesity clinic for children and young people should be further developed.

Resource implications: within existing resources.

Recommendation 27

85. As the strategy is a major and complex investment programme, it will be essential to implement its recommendations as effectively as possible. Currently, the Health Promotion Unit has 11 hours per week of staff time to manage the strategy, which will be insufficient. This post should be increased to 23.5 hours per week to act as the Project Manager. The role will be to ensure that all the recommendations outlined in the strategy are progressed and the resources allocated are used wisely.

Resource implications: the HSSD to employ a Health Promotion Officer for 23.5 hours per week at a cost of £12,850 per annum.

PRIORITIES

86. The HSSD realises that, in the current economic climate, it will not be possible for all the recommendations that require additional resources to proceed at once. It is also recognised that the States Strategic Plan does not identify any resource allocation for this strategy in 2010. The HSSD hopes, however, that future iterations of the Social Policy Plan will give these items a high priority and that they will, therefore, be resourced in subsequent years through the States Strategic Plan. The following priority order is, therefore, suggested:

a)	Health Promotion Officer / Project Manager (Rec. 27)	£12,850
b)	Health Trainers (Rec. 25)	£36,000
c)	1 Community Dietician (Rec. 5)	£47,500
d)	1 School Nurse (Rec. 10)	£40,000
e)	Guernsey Sports Commission Support (Recs. 1, 9, 11, 14, 18)	£10,000

FOR FUTURE ACTION

87. Schools work well with a variety of voluntary agencies that promote particular messages and themes, including alcohol, drug and tobacco education. Experience suggests that the establishment of an agency co-ordinated by the Health Promotion Unit to drive forward a campaign dealing with the issues of weight and obesity might be equally successful. The establishment of such an agency should be further investigated and considered for future development.

88. The HSSD should monitor new UK guidance on managing obesity in pregnancy and, where appropriate, consider implementing such guidance.

89. The Health and Social Services, Education and Environment Departments should monitor the new UK strategy on active play for all children, including

disadvantaged children and those with disabilities.

90. The Health and Social Services, Education and Culture and Leisure Departments should monitor a new on-line resource aimed at encouraging overweight or obese pupils to take part in physical activity.

91. The Environment Department should monitor the publication of guidance on further ways in which planning policy and powers can be applied to promote physical activity and, where appropriate, consider implementing such guidance.

RECOMMENDATIONS

92. The Health and Social Services Department recommends that the States resolve:

i. to support the need for a Guernsey Obesity Strategy;

ii. to support the individual recommendations summarised in paragraphs 59 - 85 above being implemented as and when resources allow;

iii. to require the individual departments identified in the strategy to report at least annually to the Obesity Strategy Group on progress made in achieving the agreed recommendations and to request non-States bodies to do the same;

iv. to direct the Treasury and Resources Department, when resources are available and following the direction of the States Strategic Plan, to establish an Obesity Strategy budget, to be a separate part of the HSSD budget, managed by the cross-department officer level obesity group, which will report to the Social Policy Group;

v. to request the Treasury and Resources Department to take account of the resource requirements identified for the Obesity Strategy when recommending to the States revenue budgets for future years;

vi. to require the HSSD to report to the States, within 5 years, summarising progress in achieving the recommendations of the Guernsey Obesity Strategy and making recommendations for further action.

Yours faithfully

A H Adam
Minister

Appendix 1

References

1. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.* January.

2. Post (2003) *Postnote No 205 Childhood Obesity.* Retrieved 12/08/2005 from www.parliament.uk/post/pn205.pdf

3. The Information Centre (2008) *Statistics on Obesity, Physical Activity and Diet* January. NHS.

4. Swanton K and Frost M (2007) *Lightening the Load: tackling overweight and obesity. A toolkit for developing local strategies to tackle overweight and obesity in children and adults.* National Heart Forum.

5. Foresight (2007) *Tackling Obesities: Future Choices.* UK Government Offices for Science.

6. Jebb S (2008) *Keynote Address: Tackling Obesities: Future Choices.* Tackling Obesity. HSJ Conference: February. London.

7. National Statistics (2006) *Health Survey for England – Commentary.* The Information Centre: NHS.

8. World Health Organization (2007) *The Challenge of Obesity in the WHO European Region and the Strategies for Response.* Copenhagen: Denmark.

9. Jeffs D, Le Page Y. (2004) *The Fourth Guernsey Healthy Lifestyle Survey 2003* Summary of Results, Health and Social Services Department.

10. Schools Health Education Unit (2007) *The Guernsey Young Peoples Survey* Primary Schools

11. Wanless D (2004) Securing good health for the whole population. London: H M Treasury

12. National Institute for Health and Clinical Excellence (2006) *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.* December.

13. School Food Trust: Let's Get Cooking Programme www.letsgetcooking.org.uk

14. Cycling England www.cyclingengland.co.uk

15. Food Standards Agency: Traffic Light Labelling www.eatwell.gov.uk/foodlabels/trafficlights

16. Health, Work and Well-being Strategy www.workingforhealth.gov.uk

17. The Counterweight Project www.counterweight.org

18. MEND Programme (Mind, Exercise, Nutrition, Do It!) www.mendprogramme.org

19. National Child Measurement Programme www.ncmp.ic.nhs.uk

20. National Institute for Health and Clinical Excellence (2008) *Physical Activity and the Environment: the promotion and creation of physical environments that support increased levels of physical activity.* January.

Appendix 2

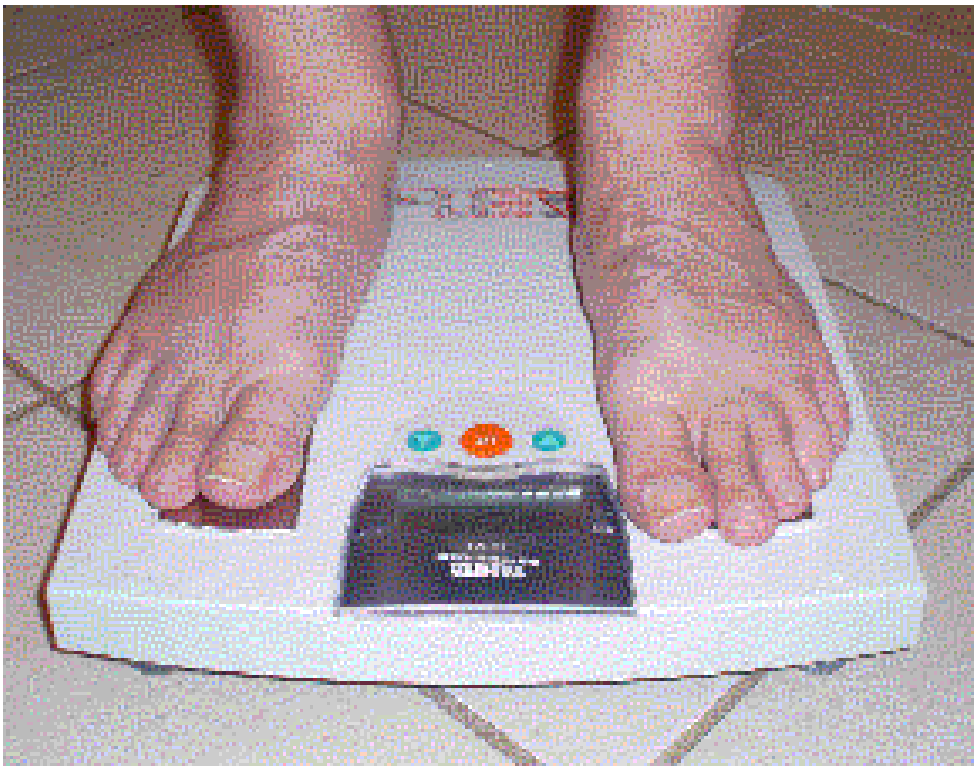
Summary list of resources and cost for Guernsey Obesity Strategy

Rec'n	Resources required	Cost (per annum at 2009 prices)
5	**Two dieticians** - to train and support HSSD services, weight management programmes and community initiatives, as well as input into obesity clinic and bariatric surgery service and receive direct referrals).	£95,000
7	**Health visitor** - with responsibility to promote breastfeeding. Also responsible, in part, for implementing NICE guidance on obesity in childcare settings (Recommendation 9). (Children aged 0 – 5 years).	£40,000
8	**Health visitor** - with responsibility for working with young children at risk of developing obesity and their families. Also responsible, in part, for implementing NICE guidance on obesity in childcare settings (Recommendation 9). (Children aged 0 – 5 years).	£40,000
10	**School nurse** - so service provision can include implementation of National Child Management Programme and follow up programme. (Children aged 5 – 16 years).	£40,000
15	**Implementation of PE in Schools Programme** - including specialist PE staff salaries and relevant equipment) for Guernsey Sports Commission.	Up to £50,000
22	**Training and implementation of Counterweight Programme** - weight management programmes within primary care.	£60,000 (+ additional cost of subsidising programme to address health inequalities)
24	**Training and implementation of child weight management referral scheme - MEND** - a lifestyle referral scheme for obese children and their families, to be run through Beau Sejour.	£12,000 (year 1) £7,200 thereafter
25	**Training and implementation of Health Trainer Scheme** - to provide five qualified health trainers to offer one-to-one tailored lifestyle advice and support for up to 300 obese people annually in Guernsey and Alderney.	£36,000
27	**Project Manager** - to ensure that all the recommendations outlined in the strategy are progressed and the resources allocated are used wisely.	£12,850
Various	**Staff costs** - Guernsey Sports Commission input into Recommendations 1, 9, 11, 14 & 18	£10,000
	TOTAL COST	**£395,850**

Appendix 3

HEALTH AND SOCIAL SERVICES
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

The '*Guernsey Obesity*' Strategy



Mrs Lucy Whitman MSc
The *Guernsey Obesity Strategy* Group

May 2009

Contents

HEALTH AND SOCIAL SERVICES DEPARTMENT

GUERNSEY OBESITY STRATEGY

INTRODUCTION

Developing the 'Guernsey Obesity Strategy'

In June 2007, the Health and Social Services Department brought a Green paper on the need for a 'Nutrition, Exercise and Weight' Strategy for Guernsey.

This proposed a range of interventions to address the growing health and other problems associated with increasing levels of obesity amongst both young people and adults in Guernsey.

The Report was debated under Rule 12(4) of the Rules of Procedure, and the States resolved 'to direct the Health and Social Services Department to report back to the States by June 2008 (earlier if feasible) with firm proposals based on the further investigations required, taking into account the views expressed by the States, together with the consultations undertaken with other interested parties and identify the resource implications of the strategy.'

A preliminary meeting was held in August 2007 to agree on how best to fulfil this mandate. The full *Obesity Strategy Group* (membership as shown in Appendix B) was reconvened in September 2007 and has since met on a further six occasions to co-ordinate and review progress.

It was also agreed to appoint a Research Assistant/Project Co-ordinator to ensure a structured and systematic approach to the extensive research necessary to complete the Report. We are indebted to Mrs Lucy Whitman for her comprehensive review of recent developments in this field.

Guernsey is not alone in concerns about rising levels of obesity. Since the last States Report, the World Health Organisation (32). European Community (56), Department of Health in London (30,34), the National Institute for Health and Clinical Excellence (NICE) (23), the Government Office for Science (24), the National Heart Forum and the Faculty of Public Health (25) have all published further definitive reviews with associated recommendations for addressing increasing obesity.

From the Guernsey perspective, perhaps the most useful of these reports was the Foresight Report: '*Tackling Obesities: Future Choices'* produced by the Government Office for Science (24).

A consistent finding amongst all reports was that the determinants of increasing obesity are extremely complex, and that effective action to stem and reverse this trend will require co-ordinated action by Governments, the community, the business sector, non-governmental organisations and individuals.

The 'Thematic' approach

The Foresight Report: '*Tackling Obesities: Future Choices'* referred to above takes a '*whole systems approach*' to examine the determinants of increasing obesity, summarised in the generic '*thematic cluster'* map (Appendix A). '*Specific themes*' identified include:

- a physiology cluster;
- individual activity cluster;
- a physical activity environment cluster;
- food consumption cluster;
- food production cluster;
- individual psychology cluster;
- social psychology cluster.

This report takes a similar approach, using the different '*thematic clusters*' to examine how these various groups of determinants may apply and can be addressed within the Guernsey context.

The costs of inadequate action

Extrapolating from the Foresight Report, this Report points out that '*doing nothing will cost too much'*. The additional healthcare costs to deal with rising levels of chronic heart disease, diabetes, stroke and arthritis associated with increasing levels of obesity will amount to several million pounds each year, whilst if the wider economic effects on the quality of life and detrimental impact on economic productivity are included, total costs to the Guernsey economy are estimated to be around £45.5m annually at today's values.

As well as reducing the health and wider economic costs associated with rising levels of obesity, however successful strategies will also have a range of parallel benefits.

The same factors which are fuelling the '*obesogenic environment*' are also contributing to rising levels of cancer, higher levels of stress and poor mental health in the community, health and social inequalities, and our increasing carbon footprint which is threatening the very future of mankind on earth.

Adopting the range of strategies contained in this report will therefore also have a range of wider benefits in other important areas.

CHAPTER ONE: WHAT IS OBESITY?

Obesity is a "condition where weight gain has got to the point that it poses a serious threat to health" (41, p1). Body weight is usually assessed using the Body Mass Index

(BMI), which is calculated by dividing an individual's weight (measured in kilograms), by their height (in metres) squared.

In adults, a BMI of 25 to less than 30 is defined as overweight, 30 and over is defined as obese and 40 and over is defined as morbidly obese (22, p4). However, this needs to be interpreted with caution as BMI is not a direct measure of fat distribution (23, p35). Therefore, NICE recommends that BMI be used in conjunction with a further measurement, the waist circumference, when measuring overweight and obesity and determining health risks, particularly for those with a BMI of less than 35 kg/m^2.

A raised waist circumference is associated with an increased risk of developing a number of conditions, including type 2 diabetes and coronary heart disease (25, p14). In men, a waist circumference of 94 cm (37 inches) or more is thought to increase health risks and a circumference of 102 cm (40 inches) to greatly increase the risks. In women, these measurements are 80 cm (31 inches) and 88 cm (35 inches) respectively (25, p14).

For children, the relationship between BMI and being overweight or obese is subject to variation by age, height and gender (24, p29) and, therefore, several ways of measuring overweight and obesity have been developed. Currently, NICE recommend the use of the UK 1990 Growth Charts, where those above the 85th centile are classed as overweight and those above the 95th centile are classed as obese.

CHAPTER TWO: WHAT CAUSES OBESITY?

The complex causes of obesity

The UK Government Foresight Report (2007) sets out the findings of an independent scientific enquiry into the complex system of factors contributing to obesity and is arguably the '*most comprehensive 'whole systems' view of the determinants of energy balance that exists*' (24, p79). The report presents evidence that the common perception '*if only people ate less and did more, then the problem of obesity would be solved'* is a deceptively simple view. (ibid).

Instead, the research has found that obesity is the result of complex interactions between an enormous variety of factors - or variables - relating to individual biology, dietary habits, levels of physical activity and psychological behaviours. These are, in turn; influenced by a range of social, cultural, economic and environmental variables, such as long work hours, exposure to food advertising and urban design (ibid). Many of these variables - 108 different variables were identified in total - are outside of the individual's control, leading to the conclusion that we live within an 'obesogenic society': a society which drives us towards obesity and in which it is difficult to maintain a healthy weight (24, p122).

This represents a shift away from the view that obesity is solely down to individual responsibility, to one that acknowledges our human biology *'is ill-equipped to cope with 21st Century lifestyles that are increasingly sedentary and involve dietary abundance'* (26, p9).

Moreover, the causes of obesity vary between population groups and over the course of a person's life, adding to the complexity of the subsequent solutions that are required.

Importantly, too, the variables do not act in isolation. Rather there are complex interrelationships between the variables that involve both positive and negative influences. It follows, then, that action to address one variable, for example, improving cooking skills may have a positive or negative 'knock-on effect' on other variables, for example improving skills may also improve self esteem, which in turn may improve an individual's confidence to make further lifestyle changes. These 'knock-on effects' both positive and negative, need to be considered when planning interventions (24, p83).

The 'System Map' (Appendix A)

However, before interventions can be considered, it is necessary to look more closely at the array of variables which contribute towards obesity. The Foresight report (2007) uses a *'system map'* approach: the 108 variables deemed to contribute towards obesity are depicted around a central core and a system of arrows demonstrates how each variable influences others (24, p82) (see Appendix A for a copy of the system map). To ease understanding of the map, the variables themselves are divided into seven groups or 'thematic clusters'. These clusters are set out below and, rather than discuss each of the 108, specific examples of variables are discussed under each heading.

Finally, at the end of this section, particular mention is made to the influence of socio-economic status and health inequalities in terms of risk of obesity. Although the problem of obesity is by no means attributable to socio-economic status alone, a large number of variables that contribute to obesity levels are associated with low socio-economic status and health inequalities (31), and, consequently, addressing these issues will need to underpin interventions put in place to tackle obesity.

Physiology cluster

Grouped under the physiology cluster is a mix of biological variables that may contribute to an individual becoming obese. These variables include an individual's genetic predisposition to obesity, their particular level of satiety (level at which they feel full) and their resting metabolic rate. Other variables included here are the influence of parental body weight and diet and of feeding patterns in infancy (24, p82). Finally, the biological system thought to be at the core of the obesity problem is also placed in this cluster. This system, which aims to maintain the energy balance within the body and therefore body weight, is discussed first, below, to demonstrate the importance it holds in understanding, and subsequently tackling, the obesity problem (24, p43).

Biological maintenance of energy balance and body weight

The human body has a biological system designed to maintain a balance in terms of energy intake and expenditure and, therefore, a balance in body weight (24, p80). This

system comprises a series of 'feedback loops' that control the use and accumulation of energy within the body. When energy is used up, for example during physical activity, hunger cues are triggered which prompt the individual to find and eat food, thereby increasing the energy uptake.

Once sufficient energy (ie. calories) has been taken in, the system is then designed to release satiety (feeling of fullness) cues and these prompt the individual to stop eating, thereby maintaining the energy balance within the body. In addition, when energy has been used up, the system can also trigger energy conservation behaviours, such as reducing levels of physical activity. This is also designed to try and restore an energy balance within the body.

However, hunger cues prompting energy intake are very powerful and compel humans to search out food, whilst satiety cues are relatively weak and are easily overridden (24, p46). A good example of this 'asymmetry of appetite' is the contrast between the difficulty of skipping a meal or resisting snacking between meals, compared with the ease of succumbing to a dessert or cheeseboard, even though we may already feel full after a main course (ibid).

In times when food was scarce, this 'asymmetry of appetite' did not present problems, as it was unlikely enough food would be available to permit an energy imbalance. However, in today's society, food is generally abundant and it is, therefore, easier to continue to accumulate energy through overriding satiety cues. Similarly, modern labour-saving technologies also create multiple opportunities for individuals to conserve energy which can, again, lead to an energy imbalance within the body. Behavioural patterns that lead to excess energy accumulation, such as overeating or inactivity can become ingrained (at biological, social and institutional levels) and the system designed to maintain energy balance is 'short-circuited' and rendered ineffective, with the associated problems of overweight and obesity (24, p80).

On the other hand, a third control can be superimposed on this process, whereby an individual can consciously decrease the desire to accumulate energy (ibid). Unfortunately, numerous factors, for example, exposure to food advertising, perceived inconsistency in science-based messages and levels of stress impact negatively on this conscious control mechanism, thereby reducing its effectiveness (ibid).

Therefore, it is possible to see that, for the vast majority of people, a biological system is in place that can help them maintain a healthy weight, but this requires a supportive physical, psychological, social, cultural and economic environment to be effective. Nonetheless, for some people, genetic and metabolic variables predispose them to being overweight or obese. These variables are discussed further below.

Genetic and metabolic variables

There are some rare genetic conditions, including diseases such as Prader-Willi Syndrome, Cohen's Syndrome, Alstrom's Syndrome and Bardet-Biedel Syndrome, in which obesity is a major feature but not the sole pathology. Some individuals also become obese secondary to an endocrine disorder (10). However, these cases represent

a tiny proportion of all cases of obesity and they can usually be identified by other symptoms and treated successfully.

On a wider scale, genetic studies looking at identical twins and separately adopted twins show that the entire weight spectrum from over to underweight is under a degree of genetic control (18). The hormone leptin has been the subject of considerable research in relation to weight control, as low levels have been closely associated with obesity, as have leptin receptor abnormalities. The hormone is secreted by adipocytes, (fat cells) and works with leptin receptors in the hypothalamus of the brain to produce a decrease in energy intake via a negative feedback loop – in effect, it encourages the body to return to its heaviest weight. Defects in a particular gene known as the 'ob gene' can result in abnormal leptin functioning and lead to overeating and severe obesity. However, these defects are rare at a population level and are responsive to appropriate treatment (11).

Other genetic abnormalities may also have significant, but less dramatic, effects on weight control, such as a small reduction in resting metabolic rate. Metabolic studies suggest there may be small differences in the body's energy expenditure between post-obese and never obese individuals (12). Difficulties in fat oxidation and defects in diet-induced thermogenesis (heat production) may also slightly increase the risk of obesity (13). Currently, considerable research is focused on the metabolic control of appetite and this may impact on future treatments.

Influence of parental body weight

It is also worth noting that parental body weight has been found to have an influence on the eventual body weight of their children; parental obesity is a very strong risk factor for obesity in children (26, p14). Research indicates that this is a consequence of both inherited genetic characteristics that predispose the children to obesity, together with a shared family environment (ibid). The influence of parental body weight may be felt as early as conception, as the body weight of the mother and what she eats during pregnancy are thought to contribute to the risk of subsequent obesity in the child (24, p84).

During later stages in life, in households where both parents were classed as obese or overweight, 19.8% of children were also obese. This compared with just 6.7% of children in households where neither parent was obese or overweight (4, p14).

Importantly, too, it is estimated that up to 50% of obese adolescents then remain obese into adulthood (27).

Influence of feeding patterns in infancy

Closely linked to the influence of parental body weight on the development of obesity in children, is the influence of feeding patterns in infancy. There is growing evidence that factors in early years may be important determinants of later obesity and ill-health (26, p12). Research suggests that the period soon after birth is an important time in setting an individual on a particular development trajectory (24, p47). For example,

breast-fed babies show a slower growth rate than formula-fed babies and this may contribute to the reduced risk of obesity later in life shown by breast-fed babies (43 in 24, p47).

Weaning practices are also thought to be important in determining risk for obesity later in life, both through the problems associated with rapid early weight gain and in helping to determine life long dietary behaviours (ibid).

Individual activity cluster

The causes, or variables, relating to obesity grouped under this cluster include an individual's level of recreational, domestic, occupational and transport activity, patterns of activity learned in childhood and patterns of activity demonstrated by parents.

Current recommendations suggest that adults should be moderately active for a minimum of 30 minutes on at least 5 days a week, but the increasing use of labour saving devices and of motor vehicles has resulted in a dramatic reduction in daily physical activity. In 2004, only 35% of men and 24% of women met the recommended targets (25, p29).

However, when questioned, many people tend to overestimate the amount of physical activity they undertake and this is worth noting when designing interventions to help increase activity levels based on questionnaire or interview information (2, p25).

Evidence shows that recreational activities are much less strenuous than in the past, with increased reliance on sedentary behaviours such as television viewing (24, p49). In the 1960's, the average person watched TV for 13 hours a week, compared with 26 hours now (1, p43). The Guernsey Young Peoples Survey conducted in 2007, showed that 11% of Year 8 and Year 10 pupils watched more than 3 hours television after school on the day before the survey (19, p79). Sedentary behaviours, especially television viewing, have emerged as specific risk factors for obesity (24, p49).

Labour-saving devices have also decreased the levels of domestic energy expenditure required and many occupations are more sedentary than in the past (24, p48). In the 2005 Guernsey Healthy Lifestyle Survey, 77% of those asked did little or no work related exercise (9, p85).

In addition, once people are overweight, this becomes a strong disincentive for further physical activity. Although obese individuals expend more energy in performing a given level of exercise than normal weight people (24, p46) they tend to engage in fewer of those energy-demanding movements. Specific weight related medical problems may also occur, including arthritis, low back pain, chest wall and diaphragm restriction, incontinence and pain and difficulty walking and moving (3). These then further restrict physical activity.

It is not just adult activity levels that are important in helping to prevent and manage obesity, activity levels in children are important too. It is suggested that from the early

stages of life, the physical activity patterns learned and the levels of parental physical activity contribute to an individual's likelihood of becoming obese (24, p83).

- Over the last 25 years, children's activity levels have dropped due to a variety of factors, including factors in their environment (see 'Physical Activity Environment' cluster below) and increased sedentary leisure activities, e.g. television watching, playing of video games and use of the internet (2) as has been discussed above.

- At school, over half of all children do not reach the UK government's target of two hours of PE per week and there has been a substantial decrease in children's activity levels during break times (1, p44). Only 5% of children in the UK use their bicycles as a form of transport compared with 60-70% in the Netherlands. Currently, 30-40% of children in the UK are taken to school by car compared with only 9% in 1971 (25, p29).

- To help understand more about falling physical activity levels, research is increasingly turning to the wider social, cultural, economic and environmental factors that help determine physical activity behaviours (24, p49). These are discussed further below.

Physical activity environment cluster

This cluster of variables includes anything that may either facilitate or obstruct physical activity. For example, the 'walkability' and 'cyclability' (ie. how easy it is to walk or cycle) of the local environment, the perceived safety of areas to be active such as parks or pathways or the costs of being active, such as gym subscriptions, are all variables thought to contribute towards the risk of obesity.

Although there has been less research into the determinants of physical activity compared with that into the determinants of eating behaviours, some strong themes are emerging (24, p52).

There is a growing recognition that the built environment is an important determinant of physical activity (26, p21). For example, research into factors that parents feel promote or deter against physical activity shows that safety, park facilities and urban design are all influential (44 in 26, p21).

Similarly, here in Guernsey the high volume of traffic and poor pavement and cycle lane provision have been cited as reasons why cyclists and walkers feel unsafe when out on the roads. Car parks are provided everywhere but cycle racks are not and employees who want to walk or cycle to work are deterred by the lack of changing facilities when they arrive.

Whilst, the mechanisms through which these different variables affect physical activity and obesity are not yet clear and further research is required in order to guide future interventions (24, p54) it is thought, that changes to the built environment will be an important element in bringing about widespread increases in activity (24, p54).

It is not just the physical environment that is important; the 'social, cultural and economic environments' are also significant in determining levels of physical activity.

For example, deprivation and poverty have been found to be associated with low levels of leisure-related physical activity in a number of studies and these variables will also need to be taken into account when tackling obesity (24, p53).

Food consumption cluster

Variables grouped under this cluster include those related to food itself, such as portion sizes, nutritional quality and energy density of food and the availability of that food. Also included is the 'deskilling' of the population in terms of the ability to cook, the tendency to 'graze' rather than eat meals and the level of alcohol consumption.

A study conducted by the Royal College of GPs (1, p24) suggests that energy intake from food has actually fallen on average by 750 kcal per day since the 1970s. However, as already discussed, activity levels have also fallen: on average by 800 kcal per day, thereby resulting in an overall excess energy intake over energy expenditure. It only takes a small excess energy balance, a mere 120 kcal per day – one small chocolate bar – to produce a 50 kg increase in body mass over a period of 10 years (16).

The type of food we now eat also contributes to the problem. High loads of refined carbohydrates (high glycaemic index) foods such as snack foods promote secretion of large amounts of insulin, resulting in fat storage. Between 1993 and 1998, sales of snacks to adults more than tripled in the UK (1, p27).

In addition, there has been an increase in the energy density of foods and portion sizes, for example a king size 'Snickers' bar weighs only 100g but has more calories than a sirloin steak, potatoes and broccoli, which weighs 400g and is far more filling. A large portion of our diet is now made up of this sort of snack food which is rapidly absorbed by the body, with the result that it does not promote satiety (feeling full) (1, p25).

The growing trend towards the use of convenience foods, further exacerbates the problem. In the UK, the average time spent preparing a meal in 1983 was one hour, compared to just 13 minutes in 2003 (1, p26). Between 1998 and 2002, the demand for ready meals grew by 44% and Britain now consumes the highest number of ready meals in Europe, double that consumed in France and six times that in Spain (1, p27). The resulting problem for the consumer is that ready meals are often higher in fat and sugar than home prepared meals and portion sizes are often much larger.

Linked to the increase in demand for convenience food, is the increase in eating outside the home (1, p27). Consumers have less control over food that is prepared outside the home and unlikely to be aware of the fat and sugar content and are unable to control the portion size that is served (1, p28).

A further issue that is related to the consumption of convenience foods and eating out, is the decline in cookery skills within the population. In the absence of practical cookery

lessons, generations are growing up without the skills to prepare healthy meals, compounding the reliance on convenience foods and meals prepared outside the home (1, p3).

Although this is starting to be addressed in schools, at home the role model is still frequently that of a parent whose main experience of cooking is the preparation of convenience foods. Children's habits and preferences are often more powerfully influenced by these early experiences in the home than by external influences (1, p30).

Finally, although not strictly '*food* consumption', it is worth noting that the increased consumption of alcohol has also fuelled the obesity problem (1, p28). Consumption of alcohol has risen dramatically in past years, particularly amongst women and young people (1, p28). At 7 kcal per gram, alcohol is almost as calorific as fat and together with the sugar loaded soft drinks with which they may be mixed, binge drinking is contributing to weight gain. For example, drinking five pints of lager adds 1,135 calories, nearly half a man's daily energy requirement and five bottles of an alcopop such as 'Bacardi Breezer' adds 990 calories, nearly half a woman's requirement for the day (1, p28).

Food production cluster

Variables that contribute to the obesity problem in this cluster relate to the forces within the highly competitive food industry, including the desire to minimise cost and maximise volume, the pressure for growth and profitability and the drive for efficiency. Also identified as contributing towards obesity are broader economic and social variables such as purchasing power and the societal pressure to consume.

In developed economies there is now a plentiful supply of cheap foods (24, p55). However, cheap foods tend to be more energy-dense and nutrient-poor (ibid) ie. these foods will provide plenty of calories in the form of fats and sugars, but are low in vitamins and minerals.

Price is significant, of course, as it is a key determinant in food choice (24, p55). A Health Which survey in 2003 indicated that there could be a 200% difference between the price of healthy and standard versions of supermarket ranges and a Food Commission survey in 2007 indicated that a shopping basket of 'healthier foods' was 48% more expensive than a standard basket of processed foods and 'households in poorer areas would need to find almost 60% more cash to buy healthier foods than equivalent less healthy items' (20, p6). The cost of fruit and vegetables is expensive compared with some snacks, e.g. bananas at 30p each and apples at 35p each, compared to 15p for a chocolate covered biscuit and a bag of crisps at 16p per bag in multipacks (Checkers Store March 2008).

Importantly, too, although the amount spent of food as a proportion of total household expenditure has tended to fall over the past forty years (24, p55) those on a lower income still spend a relatively high proportion of their income on food. For example, according to the recent Guernsey Household Expenditure Survey 2005-6, those in the lowest income quintile spent on average 14% of their income on food compared with

only 8% in the highest quintile (28, p19). Therefore, choosing healthy options is going to have a greater impact on those with a lower income compared with those on higher incomes.

The access to and availability of different types of food are also considerations when looking at the causes of obesity (24, p54). Studies in America have indicated that 'high-quality, reasonably priced 'healthy' food' was less readily available to those on a lower income (ibid). Conversely, the availability of unhealthy choices is far greater.

Locations of food outlets have become the subject of research too. Studies are currently being conducted into the ways in which the built environment serves to influence obesity through, for example, the proximity of fast food outlets to facilities such as schools and parks (ibid). Results from such research will be able to help guide planning processes in the future.

Individual psychology cluster

Variables contributing towards obesity in this cluster relate to a range of psychological issues including self-esteem, stress, the demand for indulgence and the desire to resolve tension, for example, between enjoying unhealthy food, whilst also wanting to remain slim. Also included here, are factors relating to levels of 'food literacy'.

Over-consumption of sweet foods and drinks can be related to feelings of low self-esteem or depression. 'Comfort foods' i.e. foods that are high in fat, sugar and calories, are thought to calm the body's response to stress, leading to a possible link between 'modern life' and increasing rates of overweight and obesity (45 in 25, p29). One study suggested men eat more when stressed if they are single, divorced of frequently unemployed (25, p29). Research into women's eating habits showed that those women who felt a lack of emotional support in their lives had a greater tendency to cope with stress by eating (ibid).

Once people are overweight, their dissatisfaction with their physical size, the physical discomfort of obesity and the social discrimination encountered from others, can all take their toll. These can lead to, or exacerbate, depression, anxiety and low self-esteem.

As a result some people may further increase their energy intake through comfort eating or increased alcohol consumption and reduce their physical activity levels through lethargy and lack of motivation and the spiral continues.

In addition, failure to lose weight when on a diet can also lead to, or exacerbate, depression.

Children can suffer too. The results from the Schools Health Education Unit survey of over 40,000 10 to 15 year olds in 2004 showed that 34% of 12 to 13 year old obese boys were afraid to go to school because of bullying, compared to 24% of normal weight boys (16).

Levels of 'food literacy' can also affect an individual's eating habits and, consequently, likelihood of becoming obese. Food literacy can be defined as 'the capacity of an

individual to obtain, interpret and understand basic food and nutrition information and services as well as the competence to use that information and available services in ways that are health enhancing' (29, p1).

Understanding food labelling is a good example of this concept. Should an individual be unable to understand food labelling, through lack of food and nutrition education or through inadequate or confusing information given – eg. foods described as 'light' options when they are still high in calories or '70% fat free', which means they are still 30% fat - then healthy choices are yet more difficult to make. Both a lack of understanding of information or confusing information can lead to a less motivated psychological state and reduced likelihood of making or continuing changes towards a healthy lifestyle (24, p85).

Social psychology cluster

Under this cluster, the variables that contribute towards obesity work at a societal level and include education, media availability and consumption, television watching and exposure to food advertising. Also included are variables relating to social values such as perceived lack of time and the social acceptability of obesity.

Television watching and exposure to food advertising

As discussed under the 'Individual Activity' cluster, excessive television watching has, in its own right, been found to contribute towards levels of obesity (24, p49 (14)) not only through reducing time spent being physically active but also as through the fact that whilst watching television people may also snack, particularly on energy-dense foods (26, p26).

Furthermore, the greater the amount of time spent watching television, the greater the exposure to food advertising. In 2002, a total of £178.2 million was spent on advertising chocolate, crisps, snacks, sweets and biscuits, whilst, less than 2%, only £2.8 million, was spent on advertising fruit (1, p31).

In addition to television advertising, the food industry also uses a range of less explicit, but equally effective, methods to promote its products. These include the use of free gifts upon collection of multiple purchases in shops and the strategic placement of sweets and snacks near supermarket checkouts.

All of these methods combine to have a powerful influence on food habits (1, p31) and, in particular on children's food choices (30, p19).

The Food Standards Agency commissioned an independent report that demonstrated advertising had a direct impact on the category of foods children selected and also increased their consumption of unhealthy foods (1, p34).

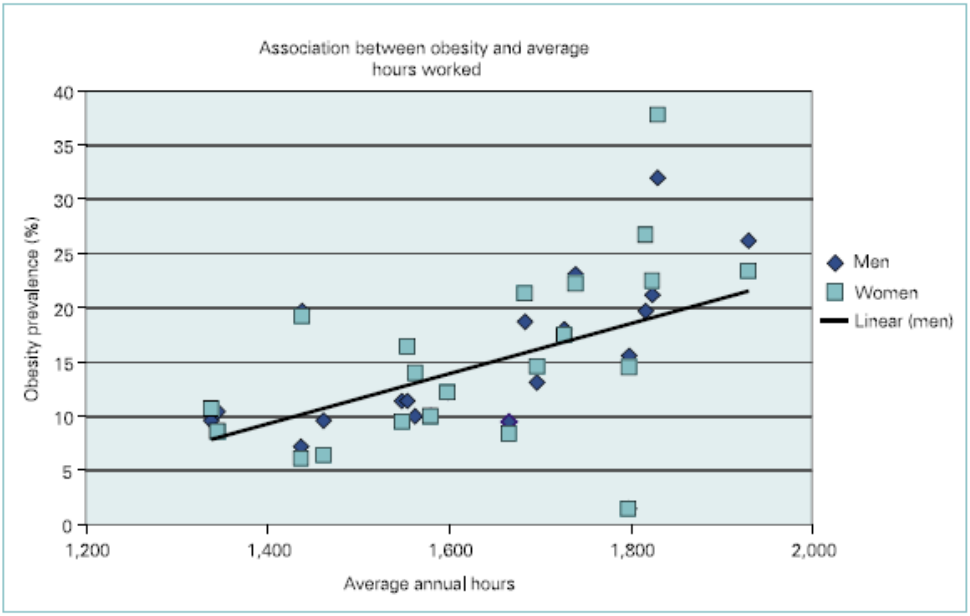
Another study in Ireland (14) showed that 25% of parents questioned felt that TV food adverts always or usually influenced their child's consumption patterns. 50% said their child put pressure on them to buy certain foods or drinks as a result of TV advertisements.

The domain of food marketing is wider than just television advertisements and supermarket promotions. It also includes promotion in schools and leisure centres, etc (26, p22). In light of this, locally, many primary school tuck shops have been replaced with 'fruit only' breaks. However, vending machines and cafeterias in secondary schools often continue to offer a limited selection, with a high proportion of less healthy items.

Society's perceived lack of time

People are working longer hours compared with two or three decades ago (26, p18). Many people, particularly those on a low income, are under intense financial pressure and feel unable to change or reduce their work commitments (ibid). In a subsequently 'time-poor' world, the demand for convenience increases, both in terms of activity and dietary options (ibid). In fact, around a third of people questioned in a MORI poll stated that lack of time was the single most important reason for buying convenience foods (46 in 26, p18). Associated with the increase in working hours and the changes in consumption, is an increase in obesity, as shown in Graph 1 below (24, p58).

Figure 3.5: Association between obesity and average hours worked (data taken from across 21 countries of the Organisation for Economic Co-operation and Development[11])



Source: IOTF[63]

Social acceptability of obesity

Although there is an increasing acceptance that obesity is an important public health issue, many people fail to relate the problem to their personal situation (26, p16).

Consequently, healthy lifestyle messages are not implemented, as people do not feel they apply to them. Furthermore, research shows that people tend to have a poor

perception of their own weight and that of their children (26, p16). For example, in a survey of 277 parents, 40% of overweight mothers and 45% of overweight fathers estimated their own weight to be 'about right' (47 in 26, p16). As a result of this general misperception, being overweight is becoming normal (or 'nomalised') (24, p5) and, therefore, creating the motivation to tackle weight problems in society becomes more difficult (ibid).

Socio-economic inequalities

To highlight its importance, the final part of this section concerning the causes of obesity is given over to the role of socio-economic inequalities.

Socio-economic status has traditionally been defined using occupation, education and income as indicators (32, p152). However, it is becoming apparent that, in today's complex society, factors such as ethnicity, sex, community and religion also need to be considered when defining socio-economic status (ibid). All of these factors contribute to an individual's circumstances and subsequent risk of obesity. Major socio-economic inequalities in developing obesity have been observed around the world and this is an increasing problem (48 in 32, p152).

However, the inequalities are experienced in different ways depending on where in the world you are. In low to medium-income countries, obesity has tended to be, at least until recently, a 'disease of affluence' where those with higher socio-economic status have had a greater chance of becoming obese. As a country's GNP increases, so this association has been found to shift and in higher-income countries, the greatest risk of obesity is associated with lower socio-economic status, particularly for women (32, p154, 33, p19).

These risks are also thought to be passed on through generations. The fact that children whose parents are overweight or obese are more likely to follow that pattern themselves is not thought to be solely due to genetic inheritance. Rather, it is thought that social processes are at work too (33, p20). These processes include choice of diet and nutrition, levels of physical activity and socio-economic consequences of obesity (32, p155).

Inequalities in diet and nutrition

As discussed under '*the influence of feeding patterns in infancy'*, dietary choices are important from as early as conception in setting an individual on a particular health trajectory. Access to healthcare, percentage of income spent on food, real and perceived price, access and availability to healthy food, level of education, cultural beliefs and exposure to media are just some of the ways socio-economic inequalities can affect those dietary choices (32, p155, 25, p22). For example, lower household incomes may dictate that there is little room for flexibility in trying new foods or for foods to be rejected and 'ensuring food is available predominates over the nutritional quality of the food' (25, p21).

Inequalities in levels of physical activity

Similarly, socio-economic inequalities are found in relation to levels of physical activity. Adults and children with a lower socio-economic status tend to be less regularly active and more sedentary than those with a higher socio-economic status (32, p157*).* Manual occupations have historically gone some way to addressing this imbalance but these are now in decline and a number of other 'environmental' conditions influence unequal physical activity levels instead. These include inequitable distribution of facilities such as parks, leisure centres etc, less leisure time for those with a lower socio-economic status, less money to pay for activities, lower educational levels concerning the importance of physical activity and a less positive attitude to physical activity (32, p157). Furthermore, associations have also been found between lower socio-economic status and increased car use and increased television viewing (ibid).

Socio-economic consequences of obesity

Inequalities in obesity can be perpetuated through various socio-economic consequences. For example, research suggests that there is an association between a higher body weight and bullying and poor performance at school (32, p158) and hiring prejudice and discrimination in the work place (49 in 32, p158*).* Stigmatization and discrimination may also exist in health care and housing opportunities and in marital relationships. It has also been found to exist in the mass media (ibid). These consequences can reinforce rather than ameliorate the factors such as low income and poor educational attainment that contribute to obesity, thereby creating a vicious circle.

Tackling socio-economic inequalities in obesity

Despite the fact that obesity has been identified as 'dramatically yet unequally affecting Europe' (32, p162) little is being done to address these inequalities. Further research is required and, meanwhile, it is recommended that measures to reduce socio-economic inequalities underpin all interventions aimed at tackling obesity (23).

Conclusions

The causes of obesity are complex and varied. At the heart of the problem sits the human biological system that attempts to maintain an energy balance within the body, but which struggles in a changing world. 'The pace of technological progress and lifestyle change has outstripped that of human evolution' (24, p59).

There has been a shift from the view that the responsibility for obesity lies solely with the individual to a recognition that many factors lie outside of their control. We are deemed to live in an 'obesogenic society' where a range of variables drive the obesity problem. Growth and development in early life, methods of parenting, eating and physical activity behaviours, people's beliefs and attitudes, together with social, economic and environmental drivers all play a part in determining the levels of obesity (ibid).

The scope and complexity of the causes of obesity point to a wide range of different solutions from governmental to community to individual levels.

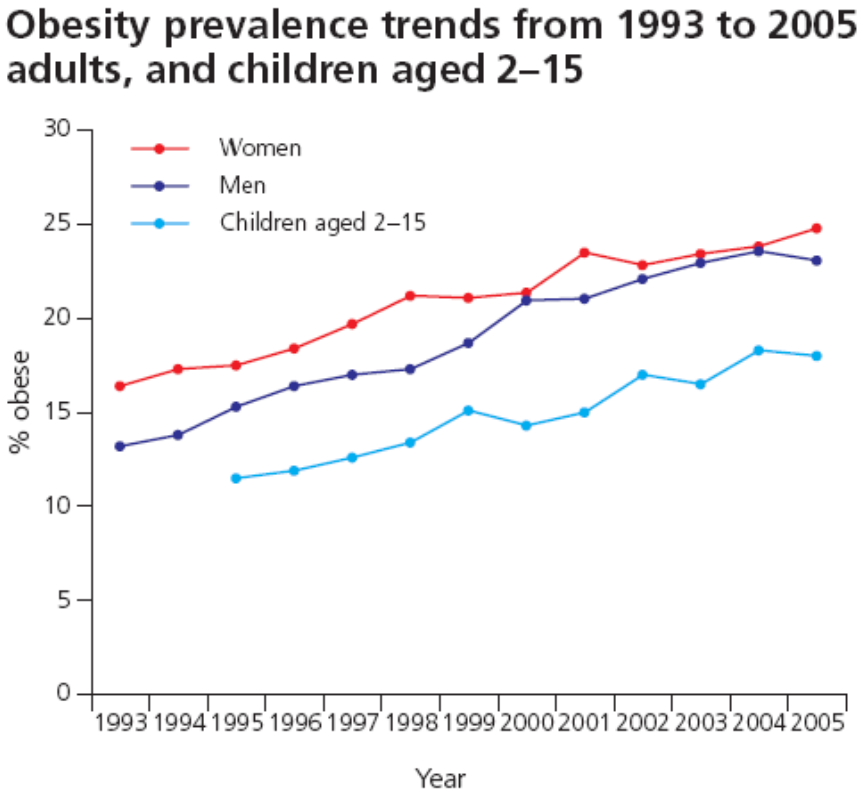
CHAPTER THREE: PREVALENCE AND TRENDS IN OBESITY

Obesity in England

Adults

Body Mass Index (BMI)

The prevalence of obesity in England has more than tripled since the 1980s. According to the Health Survey for England, in 2006, 24% of adults were obese and a further 38% of adults were overweight; showing at total of 62% of the adult population with a BMI of 25 or more (22, p4). The graph below shows the obesity prevalence trends in England from 1993 to 2005 for adults and children (aged 2-15).



Source: Health Survey for England

BMI has shown an increase in both men and women. In 2006, 69.5% of men and 58% of women were either overweight or obese. Men were more likely to be overweight than women (43% compared with 32%) but there was no significant difference between the genders in terms of being obese (23% for men and 21% for women). However, although the figures are still relatively low, women were more likely to be morbidly obese (ie. BMI 40 or more) than men (3% compared with 1%) (22, p4).

Table 1 – Prevalence of obesity in England 1980-2006 (37, table 4)

Men

Body Mass Index	**1993**	**2000**	**2006**
	%	%	%
Underweight: less than 18.5	1.4	1.1	0.9
Healthy weight: 18.5 to less than 25	41.0	33.4	29.5
Overweight: 25 to less than 30	44.4	44.5	44.7
Obese: 30 and over	13.2	21.0	24.9
(Morbidly obese: 40 and over)	(0.2)	(0.6)	(1.4)
Overweight including obese: 25 and over	57.6	65.5	69.5

Women

Body Mass Index	**1993**	**2000**	**2006**
	%	%	%
Underweight: less than 18.5	1.9	1.8	1.9
Healthy weight: 18.5 to less than 25	49.5	43.1	40.1
Overweight: 25 to less than 30	32.2	33.8	32.9
Obese: 30 and over	16.4	21.4	25.2
(Morbidly obese: 40 and over)	(1.4)	(2.3)	(2.7)
Overweight including obese: 25 and over	48.6	55.2	58.1

Source: Health Survey for England, 2006

Waist circumference

There has also been a significant rise in waist circumference in both men and women. As discussed in Chapter 2, waist circumference is an important measure to be used in conjunction with BMI so as to assess health risks more effectively.

Among men, waist circumference has risen from an average of 93.2cm in 1993 to 96.8cm in 2006 and among women, from 81.7cm to 86.4cm over the same period (37, p4).

The proportion of men with a raised waist circumference, ie. (more than 102cm) rose from 20% in 1993 to 32% in 2006, while for women the proportion with a raised waist circumference (more than 88cm) rose from 26% to 41% (37, p4).

Health risk due to overweight and obesity

As discussed in the following Chapter 5, being overweight and obese places an individual at higher risk of a range of illnesses, including coronary heart disease and type 2 diabetes. The current prevalence figures discussed here place an estimated 20% of men at increased risk, 13% at high risk and 21% at very high risk of developing

health conditions due to their weight. For women the figures estimate 14% at increased risk, 16% at high risk and 23% at very high risk (22, p5).

Influence of age

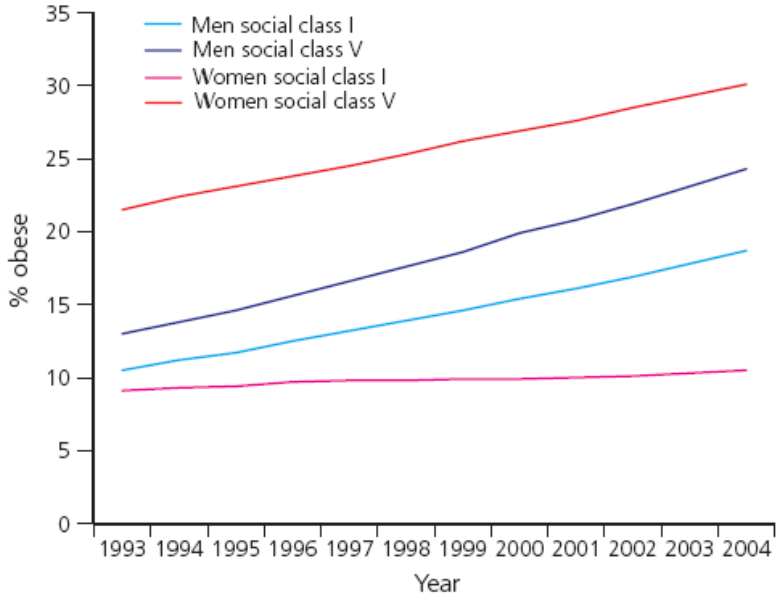
Data from the Health Survey of England have also shown that obesity increases with age and even more rapidly when people are in their twenties and early thirties, when they typically settle down, eat more regularly and expend less energy.

Overweight and obesity tend to continue to increase with age – as do the corresponding health risks – until the age of around 75, when BMI may then tend to plateau or fall and health risks peak (22, p5).

Influence of socio-economic status

The association between socio-economic status and obesity was outlined in Chapter 3, obesity being more prevalent amongst lower socio-economic groups. The graph below represents the trends in obesity for social classes I and V and shows how the association is more marked for women than for men (30, p2).

Trends in Obesity Prevalence 1993–2004 by Social Class I and V



Source: Foresight Tackling Obesities: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health

Comparison with other countries

Although it is difficult to make reliable comparisons, it is generally agreed that the USA has the highest levels of obesity, with England and Australia 'not far behind' (24 in 30, p1).

Overall, England has some of the highest obesity figures in Europe and it also, worryingly, demonstrates a higher rate of acceleration. In most European countries, obesity has increased between 10 and 40% over the last 10 years, but it has more than doubled in the UK (1, p15).

Future Trends

Whilst, of course, predictions of future trends are always compromised by lack of evidence, the Foresight project have used a 10-year data set to predict future trends in obesity in which there is 'confidence… at least in the medium term' (24, p34).

It is predicted that by 2015, 36% of men and 28% of women will be obese. By 2025, these figures are estimated to rise to 47% and 36% respectively and then by 2050, 60% of men and 50% of women could be obese (50 in 24, p34).

The proportion of men who have a healthy BMI (ie. between 18.5 up to 25 kg/m^2) falls from 30% at present to 10% by 2050 and for women from approximately 40% to 15% by 2050 (ibid).

Children

As explained in Chapter 2, there are different ways of defining obesity in children but all the indicators show that the rates are increasing (see Graph 2 above). Using the UK 1990 Growth Charts, the following table shows the prevalence of overweight and obesity in children (2-15) in England from 1995 to 2006.

For all children (2-15)

Weight	**1995**	**2000**	**2006**
	%	%	%
Overweight	13.1	12.5	13.6
Obese	11.5	14.3	15.9
Overweight including obese	24.5	26.8	29.5

For boys (2-15)

Weight	**1995**	**2000**	**2006**
	%	%	%
Overweight	13.1	12.4	13.3
Obese	10.9	14.5	17.1
Overweight including obese	24.0	26.9	30.4

For girls (2-15)

Weight	**1995**	**2000**	**2006**
	%	%	%
Overweight	13.1	12.7	13.9
Obese	12.0	14.2	14.7
Overweight including obese	25.1	26.8	28.6

Source: Health Survey for England 2006

These tables show that there has been an increase in levels of obesity in children, whilst levels of overweight have remained relatively stable. In 2006, one in three children were either overweight or obese (22, p40).

Influence of socio-economic status

Similar to adults, girls from families in the lowest income quintile were more likely – in fact, more than twice as likely – to be overweight or obese than children from other quintiles. However, this effect was not as apparent for boys (22, p40). Similarly, girls living in overweight or obese households (i.e. one or both parents were overweight or obese) were three times more likely to be overweight or obese themselves, compared to girls from healthy weight households. Again, the effect did not seem to be apparent in boys (ibid).

Trends into adulthood

Overweight and obesity in childhood are of particular concern as there is evidence to suggest that a 'conveyor-belt' effect exists, where excess body eight in childhood continues into adulthood. For example, research from he USA suggests that 55% of obese 6-9 year olds and 79% of 10-14 year olds remain obese into adulthood (51 in 30, p1).

Future trends

The lack of consensus in measuring body weight in children causes difficulties in extrapolating data sets and, therefore, predicting future patterns. However, it is useful to note that the UK government are using the Foresight report figures (based on the International Obesity Task Force definition of childhood obesity) which suggest that, by 2050, 25% of children will be obese and up to a further 40% will be overweight (30, p1).

Obesity in Guernsey

Information concerning levels of obesity in Guernsey

In both adults and children, data concerning levels of obesity in Guernsey are obviously more limited than in the UK. Further, additional specific, data are required to help more accurately determine local prevalence and to predict possible future trends.

Adults

The 4th and most recent Guernsey Healthy Lifestyle Survey - which includes the collection of data relating to levels of obesity - was conducted in 2003 and the results have enabled comparisons to be made over time and also with the UK (7, p13).

When asked in the Survey about their perceptions of their body weight, 51% of men felt they were overweight or very overweight, with 52% of women feeling the same.

However, when their actual BMIs were calculated, the figures were much higher (although women's perceptions were closer than men's).

The tables below show the BMIs from the Survey and the changes in levels of overweight and obesity in Guernsey between 1988 and 2002. A comparison is also made with overweight and obesity levels in England, 2006.

Men

Body Mass Index	**1988**	**1993**	**1998**	**2003**	**2006 England**
% overweight & obese	50	52	57	63	70
% obese	5	11	15	19	25

Women

Body Mass Index	**1988**	**1993**	**1998**	**2003**	**2006 England**
% overweight & obese	41	49	57	52	58
% obese	13	16	24	20	25

Sources: 4th Guernsey Healthy Lifestyle Survey, Health Survey for England, 2006.

NB. The results for women are not directly comparable due to data analysis techniques, but give a good indication of local figures).

The 5th Guernsey Healthy Lifestyle Survey is due to be conducted in November 2008 (results are still in press, May 2009). The results from this Survey will help to indicate whether the apparent 'levelling off' of overweight and obesity in women has been a continued trend and whether levels in men continue to rise.

Although local obesity rates are shown to be slightly lower than those in England, more up-to-date data are required to confirm that this observation is still valid.

Changes in healthy lifestyles in Guernsey

Despite the increase in levels of obesity in the past 15 years, further results from the 4th Guernsey Healthy Lifestyle Survey suggest that members of the population are, or perceive themselves to be, making changes towards a healthier lifestyle.

Changes in Diet

The Survey asked respondents about changes in their diet and the results revealed that people perceived themselves to be making healthier choices. 46% reported eating less fried foods, 46% said they ate less sugar, sweets, chocolates, etc, 40% reported eating less convenience foods, fast foods and takeaways and 35% ate less red meat/fatty meat.

They also reported eating more healthy foods; 51% said they ate more fruit, vegetables and salad, 36% more fish, 32% more high fibre food and 30% more lower fat food.

In all, 74% of men and 83% of women regarded their diet as healthy or very healthy (7, p15).

Patterns of Exercise

At the opposite end of the equation are local people's activity levels. Each year, the Sports Development Unit circulates all the island sports clubs and asks for participation and membership figures. In 2008, 15,849 people were members of local sports clubs and associations and 15,079 had participated in activities at those clubs. A number of those may be playing several sports and so will have been double counted (source: Sports Commission).

The 4th Guernsey Healthy Lifestyle Survey in 2003 also showed an increase in the reported levels of activities in both sexes and amongst all age groups, but these were still well below the recommended 5 times per week (*7, p15*).

Children

Data on obesity levels of Guernsey children are limited. Recommendations are made at the end of this report aimed at increasing the data that are collected. However, data that are available can be used to give an overview of the estimated levels of obesity in children in Guernsey.

Younger children

Data collected by health visitors when examining Guernsey children at age 3½ years old in 2001 have been analysed by Consultant Paediatrician, Dr Peter Standring and these data were compared with the 1990 British growth reference population (8).

The aim of the study was to examine whether the current cohort of 3½ year olds was showing evidence of being heavier compared with a UK study of this age group 13 years ago. The study included 522 children of the 594 who were born in 1998. After excluding those outside the exact age range, there were 436 children, of whom 200 were females. The study showed that the Guernsey children were, on average, 0.745 kg heavier than a reference population of children of identical age 13 years ago.

Dr Standring concluded that, although it was possible that Guernsey children had always been heavier than the UK reference population, it was more likely, given the magnitude of the higher weight in the study population, that this was a sign of significant increasing weight, even at this early age. He also felt that lack of prolonged breastfeeding could be exerting some influence (8).

Sports Commission Survey

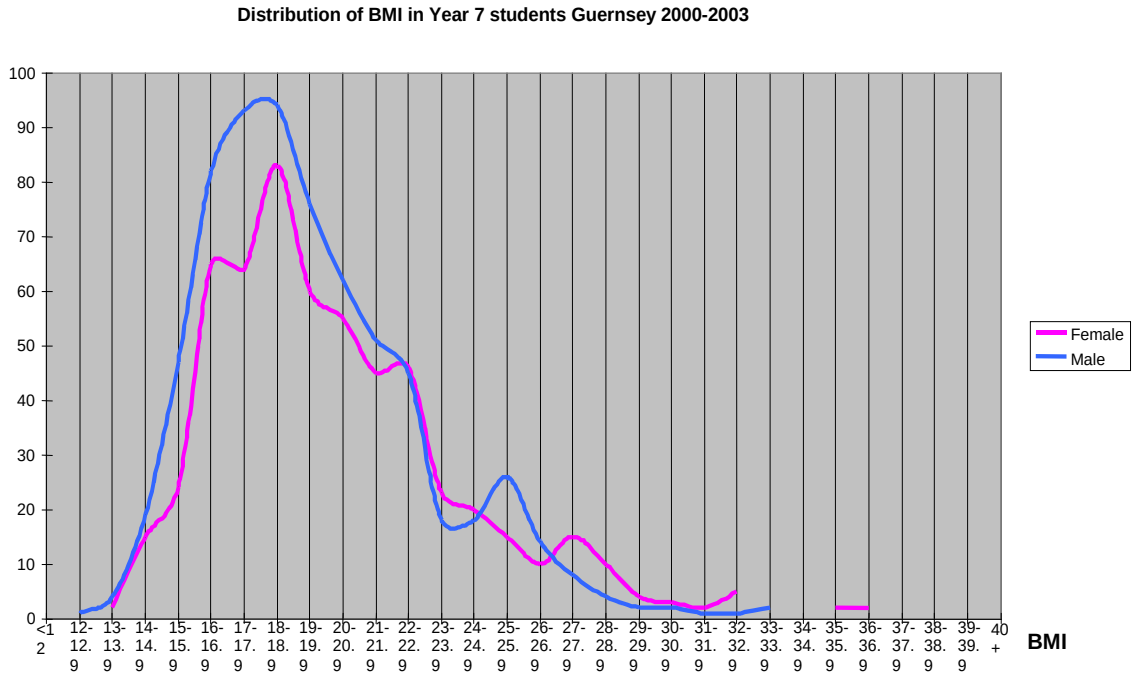
This was a joint project between the former Education Council, Board of Health and Sports Commission between September 2000 and December 2003. This involved Year

7 (aged 11 and 12) students from six of the island's secondary schools being weighed and measured and then taken through a series of standardised physical activity tests.

The BMI distribution curve, below, shows a bimodal distribution, with the majority of Year 7 students within the normal range, but a significant secondary peak of males and females in the overweight and obese range.

International comparisons are as below, but caution should be exercised in comparing these results, as only 79% of girls and 90% of boys took part in the Guernsey survey. Whilst the international comparisons are for children age 10-16 years, the Guernsey children were all 11 and 12 years (43).

	Guernsey	England	Sweden	France	USA
			Students		
Overweight	8.8%	13%	9.8%	10%	18%
Obese	1.8%	5.5%	2.2%	3%	7%



Changes in Diet

In 2007, Guernsey school children in Years 6, 8 and 10 took part in a Health Related Behaviour Survey. Questions were asked about healthy eating and the results suggested that they had a good knowledge of what constitutes a good diet (19 & 20).

However, in Year 6 (last year of primary school), (2002 results are shown in brackets) 35% (50%) of children reported eating crisps and 36% (52%) reported eating sweets and chocolates on most days. 11% (7%) said they had nothing to eat for breakfast on the day of the survey but 57% (41%) reported eating vegetables and 63% (47%) ate fruit on most days.

The picture changed a little by Year 10 (15 year olds), where 15% (18%) of boys and 23%(39%) of girls said they had nothing or just a drink for breakfast that morning. 34% (46%) of boys and 26% (37%) of girls said they had consumed crisps and 37% (45%) of both sexes said they ate sweets and chocolates on most days.

51% (40%) of boys and 66%(58%) of girls reported that they ate vegetables and 42% (33%) of boys and 58%(46%) of girls had fresh fruit on most days. Across almost all these criteria the Guernsey students scored better than their UK counterparts (19).

Patterns of Exercise

The Guernsey Young People's Survey (48) also asked questions about physical activity and the results showed that 87% of Year 6 boys and 81% of Year 6 girls said they had played sport (not at school) in the last week before the survey. 83% (61%) of boys and 75%(47%) of girls did enough exercise to have to breathe harder or more quickly, three or more times a week. (19)

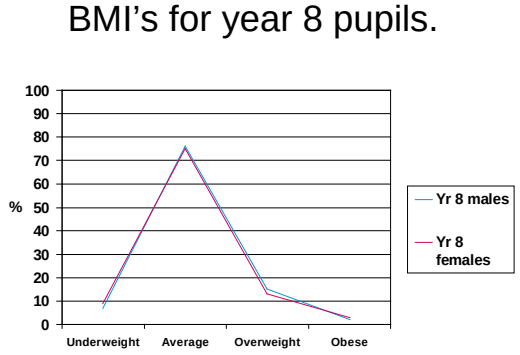
Encouragingly, 83% of boys and 74% of girls said they enjoyed physical activities quite a lot or a lot.

However, in 2000 the Sports Development Unit ran a Bleep Test survey that measured actual fitness levels with the same secondary pupils. The results showed that there was a tendency for all students to think they were fitter than they actually were, e.g. 18% of males thought themselves to be very fit but the test showed that only 2.8% actually achieved that level of fitness (17).

The Sports Development Figures show that over 5,500 children under the age of 18 were members of a sports club in 2004 and their physical activity tests showed that leaner children proved more capable.

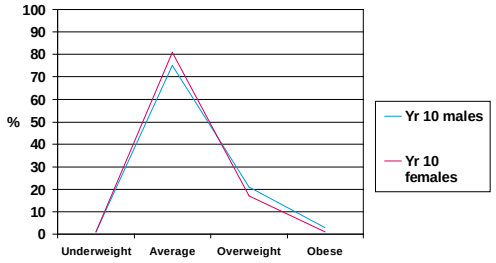
Results from Guernsey Young People's survey

Results revealed that 77% of children surveyed fell within the 'normal' band of body measure classification (20).



60

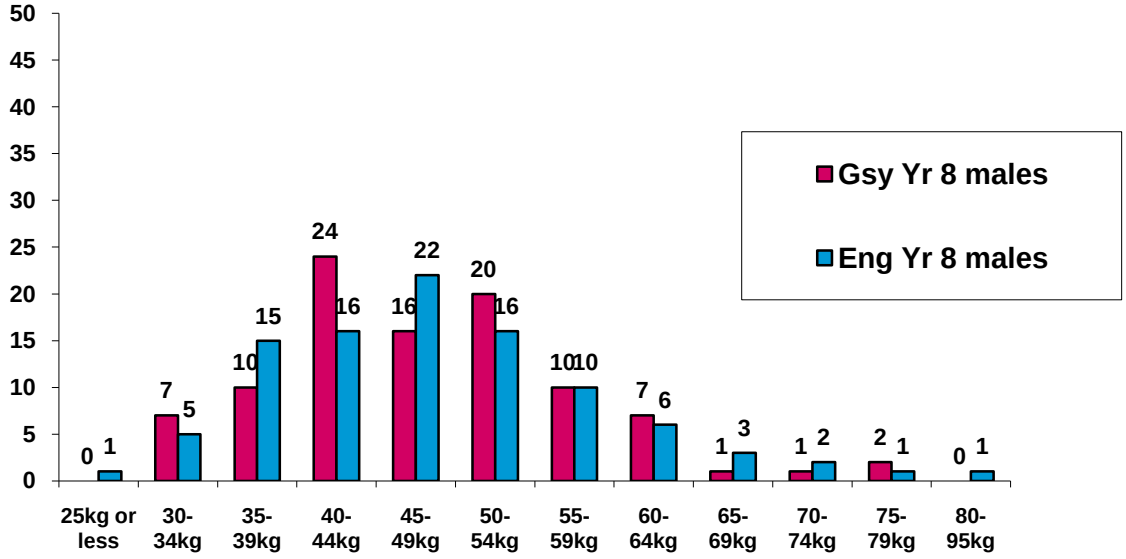
BMI's for year 10 pupils.



61

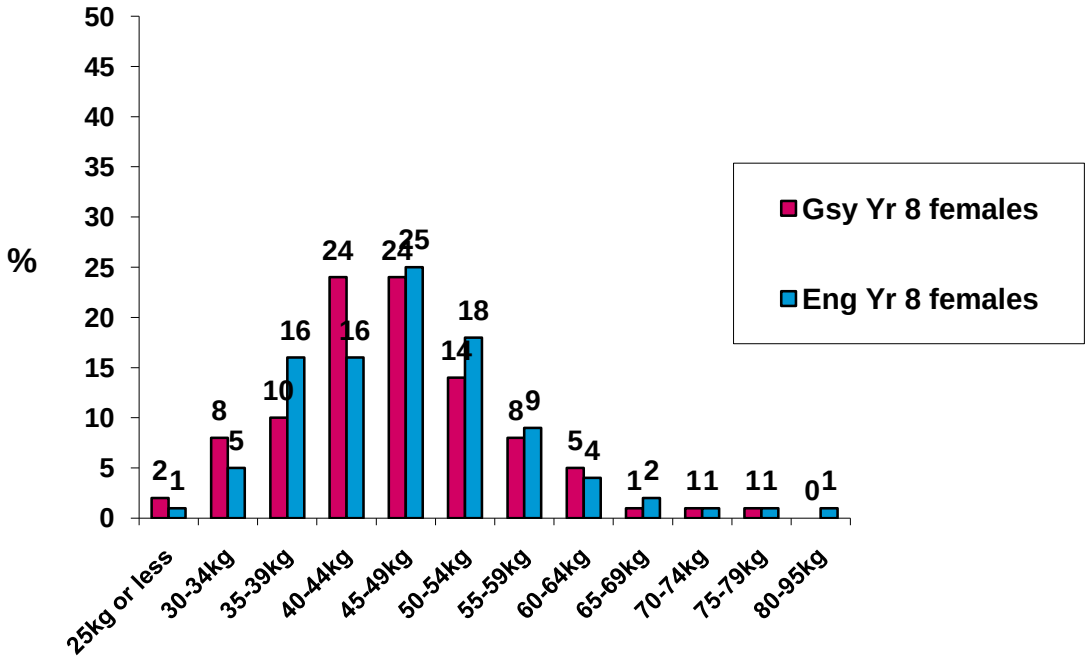
Comparisons with the UK

Graphs 4 and 5 show Guernsey children are following the basic pattern of weight distribution as children in the UK.



Graph 4: Weight comparisons between UK and Guernsey for year 8 males. (Source: Guernsey Young People's Survey 2007) (20).

Graph 5: Weight comparisons between UK and Guernsey for year 8 females. (Source: Guernsey Young People's Survey 2007) (20).



Conclusions

The prevalence of overweight and obesity is continuing to rise in both adults and children in the UK. In fact, more adults are overweight or obese in the UK than are of a healthy weight.

It is predicted that these trends will continue in the future and, if left unchecked, levels of obesity will soar and, by 2050, 60% of males and 50% of females could be obese (24, p41).

Although data on levels of obesity in Guernsey are less comprehensive, tentative conclusions can be drawn.

The levels of obesity in Guernsey's adult and child population have followed the UK and have seen increases in recent years. The data indicate slightly lower levels, but both prevalence and trends show cause for concern and indicate action to tackle obesity is required.

CHAPTER FOUR: WHAT OTHER CONDITIONS ARE ASSOCIATED WITH OBESITY?

Obesity is associated with a wide variety of physical and psychological conditions, a range of which is discussed below. It is important to note that just being overweight, as opposed to being obese, also increases the risk of many of these conditions too.

Life Expectancy

Obesity reduces life expectancy by nine years, on average (5, p26). This is comparable to and in some cases worse than the reduction in life expectancy from smoking (30, p2).

Moreover, increased levels of childhood obesity may result in the present generation of children experiencing a shorter life expectancy than their parents.

Infant and maternal mortality

The risk of infant mortality is increased in women who are overweight or obese (or underweight) when they conceive (34, p43). Similarly, obesity increases the complications for women themselves in pregnancy or childbirth (30, p2). In the UK, more than half of the 295 women who died during or after pregnancy between 2003 and 2005, for whom BMI information was available, were overweight or obese (39, p4).

Coronary Heart Disease (CHD)

Generalized obesity (fat distributed around the whole body) leads to changes in blood circulation and cardiac function and excess fat around the chest and abdomen restricts chest movement and alters breathing performance. The British Heart Foundation estimates that around 5% of coronary heart disease deaths in men and 6% in women are due to obesity. This proportion increases if the large number of adults who are overweight is considered (1, p17). There is now concern that the reduction that has been seen in recent years in mortality due to CHD, could begin to rise again if levels of obesity (and diabetes) continue to rise (35, p1).

Type 2 diabetes

Perhaps the most common obesity-related co-morbidity and 'that which is likely to cause the greatest health burden' is Type 2 diabetes (25, p22). Diabetes, itself can also lead to a range of further conditions, including cardiovascular problems, eye damage, kidney failure, stroke and damage to the nervous system, which can result in leg ulcers and limb amputation (1, p18).

Approximately 70% of cases of Type 2 diabetes appear to be related to having a BMI of over 25 (ibid). With a BMI of 35, a woman is 80 times more likely and a man, 40 times more likely, to develop Type 2 diabetes than with a BMI of 22 (ibid). In the UK, the prevalence of diabetes has increased by 65% in men and 25% in women since 1991.

In Guernsey, there are currently believed to be over 2,000 diabetics, of whom approximately 15% are Type 1.

The physician responsible for the diabetic clinic and the Diabetic Nurse Consultant report that they are seeing 12-15 new cases of diabetes mellitus each month, the majority of these are Type 2. An average of £43,700 is spent locally each quarter on oral anti-diabetic drugs.

Furthermore, a worrying trend has recently developed in that Type 2 diabetes was previously only reported in adults but, over the last five years, has increased significantly amongst children (1, p18).

Metabolic Syndrome

This is an underlying disorder associated with increasing levels of coronary heart disease and diabetes. It is an umbrella term for a constellation of endocrine and biochemical abnormalities strongly linked to a western lifestyle, characterised by physical inactivity and increased intake of high fat foods. This leads to glucose intolerance, hyperinsulinaemia, insulin resistance and raised low density lipoprotein / cholesterol ratios.

It is estimated that as much as 25% of the adult UK population show clear signs of metabolic syndrome (52 in 25, p23) and incidence is expected to increase as levels of obesity rise (53 in 25, p23). Furthermore, childhood obesity is a 'powerful predictor' of metabolic syndrome developing in early adulthood (ibid).

Cancer

Around 14% of cancer deaths in men and 20% in women are attributed to obesity. Up to 20 different cancers have been associated with obesity, including breast, endometrial, oesophageal and ovarian cancers (1, p19). The clearest association is with colonic cancers, for which obesity increases the risk by nearly three times in both men and women (25, p24). According to Professor Julian Peto of the Institute of Cancer Research obesity is "far and away the most important avoidable cause of cancer in non-smokers" (1, p19). The World Cancer Research Fund has also recently produced an expert report which reviewed thousands of the leading research studies and concluded that 'maintaining a healthy weight is one of the most important things you can do to reduce your risk of cancer' (21).

Mechanical disorders such as osteoarthritis and low back pain

Osteoarthritis, a joint disorder which usually affects the knee and hip joints is a very common complication of obesity and causes a great deal of disability (25, p24). In fact, obesity poses the greatest risk of disability through osteoarthritis than any other medical disorder of the elderly (24, p32). Low back pain is also a condition frequently associated with obesity and may also be a common cause of absence from work (ibid).

Psychological Damage

Psychological damage caused by overweight or obesity is a huge health burden (1 in 25, p25). In children, overweight and obesity are known to have a significant effect on psychological wellbeing, many developing low confidence, self-esteem and self-image and suffering from bullying and exclusion (25, p25). In adults, rates of anxiety and depression are three to four times higher among obese individuals and obese women are around 37% more likely to commit suicide than women of normal weight (1, p21). A US study also showed that the risk of developing dementia later in life was 35% higher for those who were overweight and 74% higher for those who were obese in their 40's (6).

Conclusion

There is a wide range of both physical and psychological conditions associated with obesity. As obesity levels increase, so the levels of these conditions are likely to increase.

Therefore, rising obesity levels will be associated with spiralling healthcare costs and wider costs to the community, as discussed below in Chapter 6 and with costs in terms of loss of quality of life.

CHAPTER FIVE: THE LIKELY ECONOMIC COST OF INCREASING OBESITY IN GUERNSEY

'*Health costs*' already in the pipeline

Guernsey has conducted a '*Healthy Lifestyle*' survey of between 1,000 and 1,500 randomly selected adults every five years since 1983.

As summarised below, there has been a significant rise in overweight and obesity demonstrated in each successive '*Healthy Lifestyle*' Survey over these years. The fifth '*Healthy Lifestyle*' Survey was conducted in November 2008 (results still in press, May 2009).

Since there have been no fundamental changes in societal attitudes, and the same underlying obesogenic factors still apply, it is predicted that when the full results of the next Survey become available (around June 2009), projected increases will be even higher.

	1988		**1993**		**1998**		**2003**		**Predicted 2008**	
Adults	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Overweight	41%	50%	49%	52%	57%	57%	64%	52%	70%	55%
Obese	5%	13%	11%	16%	15%	24%	19%	20%	23%	23%

Modelling the healthcare costs of obesity

The Government Office for Science '*Foresight*' Report '*Tackling Obesities: Future Choices*' used sophisticated computer modelling to look at likely healthcare costs of continuing rises in obesity in Britain.

It pointed out that obesity contributes to NHS costs in four main ways:

- chronic heart disease
- Diabetes
- Stroke

- arthritis.

It also looked at three possible scenarios.

- *Scenario 1:* BMI is capped at current levels for children aged 6-10 years.
- *Scenario 2:* 50% of the population at risk are prevented from moving from overweight (BMI 25-30) into the obese category (BMI >30).
- *Scenario 3:* The mean population BMI for those aged 18 years+ is reduced by four units for an average of 27kg/m^2 to 23 kg/m^2.

There is little difference between *total* per capita healthcare costs in Britain. In 2006, the NHS spent £1,982 per capita, whilst Guernsey spent £1,966 per capita.

The population of Great Britain in 2006 was 60,587,000 whilst the estimated population of Guernsey and Alderney was 62,430. Therefore, applying the '*one in a thousand*' rule, proportionate health costs in Guernsey are estimated as below.

Although the '*Foresight*' simulation extends to 2049, when rates are beginning to fall, most health economists would say that it was difficult to predict more than twenty years ahead, and even a ten year prediction has a wide degree of uncertainty.

On this basis, the healthcare costs of the four components of rising levels of obesity, the total obesity attributable NHS costs above 2004 levels and the estimated Guernsey equivalent are shown below.

Scenario 1	**Chronic heart disease**	**Diabetes**	**Stroke**	**Arthritis**	**Total annual NHS costs**	**Guernsey costs pa**
2019	+£426m	+£450m	+£240m	+£260m	+£3,807m	+£3.8m
2029	+£682m	+£847m	+£340m	+£400m	+£5.400m	+£5.4m
Scenario 2	**Chronic heart disease**	**Diabetes**	**Stroke**	**Arthritis**	**Total annual NHS costs**	**Guernsey costs pa**
2019	+ £260m	+£38m	+£60m	+£150m	+£3,000m	+£3.0m
2029	+£341m	+£150m	+£60m	+£200m	+£4,000m	+£4.0m
Scenario 3	**Chronic heart disease**	**Diabetes**	**Stroke**	**Arthritis**	**Total annual NHS costs**	**Guernsey costs pa**
2019	+ £170m	-£400m	-£55m	+£400m	+£1,904m	+£1.9m
2029	+£250m	-£380M	-£53m	-£200m	+£2,600m	+£2.6m

The '*Foresight'* Report concludes that '*even with highly successful strategies, direct obesity-related health costs will not be less than today's levels in the foreseeable future.'*

In the earlier Report, '*Securing Good Health for the Whole Population*' (February 2004) Mr Derek Wanless, then Chief Advisor to the Chancellor of the Exchequer, calculated that without any changes in current trends, predicted cost increases would be unsustainable, and would '*bankrupt the NHS*'.

It must equally be questioned whether current trends would be any more sustainable within the Guernsey context?

Non-direct obesity related costs

However, the direct healthcare costs are only one component of the economic costs of rising levels of obesity. These include the wider effects on the quality of life, and detrimental impact on economic productivity.

Increasing BMI has been found to be a strong predictor of early work disability (64 in 65, p28) due mainly to the onset of cardiovascular and musculoskeletal diseases (ibid). Even being modestly overweight has been shown to predict 'severe functional impairment' (ibid), whilst research suggests the effects of being obese on work limitation can be similar to 20 years of aging (66 in 65, p28). However, sensitive and effective weight management interventions can help to address the effects of obesity on 'workability' whilst reducing the costs of decreased productivity and requirement of financial and other support (64 in 65, p28).

However, '*Foresight'* reports that, if effective interventions are not implemented in the near future, by 2050 60% of males and 50% of females could be obese (in the USA in 2002 28% of males and 33% of females were already obese).

They estimate that the wider costs to society and business would reach £45.5 billion annually in the UK (equivalent to £45.5 million annually in the Guernsey context).

'*Parallel benefits*' of successful anti-obesity strategies

However, just as there are wider economic costs of rising levels of population obesity, so there are 'parallel' health, social and environmental benefits in preventing this.

The same factors which are fuelling the '*obesogenic environment*' are also contributing to rising levels of cancer, higher levels of stress and poor mental health in the community and our increasing carbon footprint, which is threatening the very future of mankind on earth. For example:

- A 13 year old schoolgirl who is taken in the family car instead of walking 500m each way to school will tend to gain an extra 1.5 kg a year (unless she reduces her dietary intake by an equivalent amount).

- Those who are obese (BMI >30) and aerobically unfit are over three times more likely to develop '*all cause cancer'* than those who are fit and of normal weight.

- Eating at least five or more portions of fresh fruit and vegetables (totally 400g or 14oz more) on a daily basis would reduce our relative risk of '*all cause cancer'* by 50%.

- Eating >100g red meat daily increases overall cancer risk by 30%, and also produces over ten times the carbon equivalent (for land use, methane production, processing, refrigeration, transportation), as the same calorific value from local vegetables sources.

Strategies such as increased walking or cycling for shorter distances, reduction on the overall amounts of red meat eaten and greater reliance on locally grown fruit and vegetables (which reduce transport and refrigeration costs) would also have a measurable impact on currently rising cancer levels, and contribute to three of the seven 'sectors' which if adopted at a population level, would significantly help reduce our 'carbon footprint' as a community.

CHAPTER SIX: REVIEW OF CURRENT LOCAL SERVICES TO TACKLE OBESITY

A full report of the services the island provides to help prevent and manage overweight and obesity is available in Billet d'État XVI (2007). Developments of those services, since the publication of the Billet d'État, are outlined below.

Preventative Services

Services for school children

Since Billet d'État XVI (2007) amendments have been made to relevant parts of both primary and secondary curricula. The Education Department's new Bailiwick of Guernsey Curriculum Statement 2008 now says that:

"Education influences and reflects the values of society, and the kind of society we want to be. It is important, therefore, to have a positive vision of what, as a society we want to achieve for our children and young people.

The Education Department endorses the following outcomes and purposes for the curriculum and the work of educational establishments.

Outcomes

There is now broad agreement that five key outcomes really matter for children and young people's well being:

- ***being healthy:*** *enjoying good physical and mental health and living a healthy lifestyle*

- ***staying safe:*** *being protected from harm and neglect and growing up able to look after themselves*

- ***enjoying and achieving:*** *getting the most out of life and developing broad skills for adulthood*

- ***making a positive contribution:*** *to the community and to society and not engaging in anti-social or offending behaviour*

- ***achieving economic well-being:*** *overcoming socio-economic disadvantages to achieve their full potential in life*."

Primary Personal, Social and Health Education (PSHE) and Citizenship Scheme of Work (SOW) (revised 2007)

Extract from Aims: The Education Board believes that a PSHE and Citizenship programme for all pupils should aim to:

- Foster the acquisition of knowledge and skills to enable pupils to make informed choices, which promote their emotional, social and physical well-being.

- Promote positive attitudes towards healthy lifestyles.

Unit 3 of the Scheme of Work is "Developing a healthy, safer lifestyle". Learning objectives include: Pupils should be taught:

- How to make simple choices that improve their health and well-being (Key Stage1).

- What makes a healthy lifestyle, including the benefits of exercise and healthy eating and how to make informed choices (Key Stage 2).

New Secondary Programmes of Study for PSHE (National Curriculum 2007) (New local Scheme of Work to be launched June 2008 for delivery from September 2008) In the Programme of Study for Personal Wellbeing, one of the key concepts is healthy lifestyles.

Extract from the Range and Content: Key Stage 3 states the study of personal wellbeing should include:

- How a balanced diet and making choices for being healthy contribute to personal wellbeing, and the importance of balance between work, leisure and exercise. (When learning about diet, links should be made with initiatives such as Food in Schools and with the National Healthy Schools Programme them of healthy eating).

Extract from the Range and Content Key Stage 4: states the study of personal wellbeing should include:

- How the media portrays young people, body image and health issues.

- The benefits and risks of health and lifestyle choices, including dietary choices and the short and long term consequences for the health and mental and emotional wellbeing of individuals, families and communities.

School Nursing Service

School nurses offer an optional Health Review, via a health questionnaire, to children at Reception stage. Unless the parents/guardian note growth or weight as a concern, the child will not automatically have these measured. The school staff or school nurse may observe a child as being potentially overweight and would then need to contact the parents to discuss these concerns. The school nurse can also select for Reception Review individuals who have known health issues or social problems, again, this is with parental knowledge and participation.

The school nurses *may* offer PSHE talks, some of which are in conjunction with the School Dental Service. They also attend Parents' evenings and discuss healthy eating issues such as healthy lunchboxes.

Services for the Community

Sports Commission

The principle objective for the Guernsey Sports Commission has been amended since the Billet d'État XVI (2007). The Commission's mandate is "to promote and support a healthy, active and successful sporting community" and its principal objective, achieved through the Sports Development Unit, is 'to promote and support the development and diversity of sport and activity in the island, with the aim of increasing the numbers of those participating and improving excellence and enjoyment of that participation'.

The Guernsey Sports Development Unit (SDU) now has three generic sports development officers, one of which has special responsibility for socially-excluded young people.

Recent initiatives include the Specsavers 2007 Guernsey Youth Games, which saw 500 Year 5 and 6 children (10 and 11 year olds), represent their voting district in 1 of 12 different sports after 6 weeks of training in that sport, and the Guernsey Electricity Fit n Fun Day held at Beau Sejour Leisure Centre, where many different sports and activities were on offer, free of charge, for women and children to try out.

Further SDU initiatives include a 'Work Out Week' took place at St Martin's School in March 2008, as part of the Healthy Schools Initiative. This will involve a range of different sports and activities being offered during and after school. A similar event will also take place at Forest Primary School in June 2008. An outreach project will take place at Mother and Toddler groups during the summer term, aimed at encouraging generic sports skills in the under 4's and a 'Young at Heart Day' aimed at over 50's and a Year 4 sports morning are both due to take place in September 2008.

The SDU also now runs 3 after school generic skills sessions as part of the Healthy

Schools initiative. These are for Year 1 and 2 children (6 and 7 year olds). The Unit also works in partnership with sports to run recruitment drives in schools.

The Guernsey Sports Commission has delivered a one-day Community Leader Workshop to volunteers from a local housing estate. These volunteers have gone on to set up a youth club, which now has over 30 members.

A Community Officer now runs after-school sessions with children in some of the island's housing estates and, as a result, a youth basketball team has been entered into the leagues.

Culture and Leisure Department

At present, Beau Sejour Leisure Centre provides a range of courses, within term time, specifically aimed at encouraging regular activity for children. Courses promote a natural progression through all age ranges, from walking to 16 years. All juniors over this age are actively encouraged to participate in adult classes.

Beau Sejour and The Guernsey Sports Commission also offer term time projects, for example 'Stepping Out'; this initiative encourages children to walk more by counting steps with a pedometer and keeping a record of the steps.

During the school holidays, the Centre endeavours to provide a variety of taster sessions. In the past these have included short tennis, tag rugby, badminton, tri-golf, squash, table tennis, football, basketball, roller skating, fencing and many more.

In addition to all the above, the Culture and Leisure Department has close links with the Sports Development Unit. Working with the Guernsey Sports Commission, Round Table and Help a Guernsey Child Charities, the Department has recently launched an initiative, 'Fit 4 Teens'. This initiative, launched at the Swimarathon 2005, is aimed at the Island's Year 10 students, who are being offered the opportunity to join, free of charge, a six week Teen Course.

Once students have completed this course, they will be awarded a gift of one month's free membership of Beau Sejour.

Children of 14 years and above are encouraged into the gym with a programme during Teen Zone times. There is also provision for children with any medical condition that would benefit from the facilities, as long as a doctor's note is presented.

Management Services

Midwifery Service

Based on findings from the Confidential Enquiry into Maternal and Child Health (CEMACH) report in 2007 on the causes of maternal deaths and care of pregnant women (39) the midwifery department is currently developing a programme to address obesity in pregnancy. A lead midwife is researching the establishment of "Mamma

Plus" groups, designed to advise and support pregnant mothers with raised BMIs, thereby helping to reduce the risk posed to both mother and child.

Dietetic Service

No dietetic service is available for either paediatric or adult obesity in the community. There is an urgent need for such a post to meet increasing demand.

Guernsey's approach to tackling obesity

The evidence to indicate that a considerable proportion of both adults and children in Guernsey are either overweight or obese (see Chapter 4) and the estimated economic and personal costs associated with this (see Chapter 5) establish a need to push forward and implement a local obesity strategy.

To inform the development process of the strategy itself, '*Lightening the Load: tacking overweight and obesity. (A toolkit for developing local strategies to tackle overweight and obesity in children and adults)* published by the National Heart Forum, Faculty of Public Health and the NHS in 2007 has been used. Accordingly, relevant States legislation has been reviewed, relevant partnerships have been established through the formation of a multi-departmental Obesity Strategy Group, current services that deal with obesity have been reviewed and gaps in service have been identified.

The range of interventions to tackle obesity proposed by the UK government under the five key areas recommended by the Foresight Report, has been reviewed by the Obesity Strategy Group, together with relevant service providers and other stakeholders. The interventions have also then been prioritised according to local need and applicability, strength of evidence base and feasibility for development within Guernsey. Of those interventions that are deemed appropriate and necessary, it is proposed that some are developed immediately and some are developed at a later stage, when evidence of effectiveness is stronger or when more complete data are available concerning local overweight and obesity prevalence and trends.

Some interventions are too wide ranging to be tackled locally but can instead be addressed by means of adopting UK Government action. These include regulating the advertising of unhealthy foods, particularly to children, and working with the food industry to look at food labelling and the reduction of fat and salt in processed foods.

Other interventions are already under development locally. For example, a gap has been identified in the provision of weight management services for children. As a result, the Health and Social Services Department, and the Culture and Leisure Department have been working together to identify an evidence-based intervention that will fill this gap.

It has been proposed that a group of physical activity instructors, based at Beau Sejour, should train through the MEND (Mind, Exercise, Nutrition, Do It!) Programme – an evidence-based weight management programme that has been developed in the UK - and then establish a similar programme in Guernsey, tailored to local requirements.

Thus far, the instructors have undertaken initial training sessions and are due to undertake further specialist MEND training later this year.

Conclusion

A wide variety of both preventative and management services for tackling obesity already exist in Guernsey (see Billet d'État XVI (2007).

Chapter 8 includes an outline of work that has been carried out to identify any gaps in our service provision and includes recommendations aimed at both filling these gaps, and enhancing existing service provision in the face of increasing workload.

Further development of the strategy will include setting indicators for success, establishing a comprehensive and effective system of monitoring and evaluation and putting in place systems to build local capacity (see 55).

CHAPTER SEVEN: WHAT WILL WORK IN TACKLING OBESITY?

A broad range of research has been and continues to be conducted into tackling the problem of obesity. Set out below is a brief overview of the findings from research documents that are currently being used to help guide UK government policy on obesity.

These documents include The Government Office for Science '*Foresight'* Report '*Tackling Obesities: Future Choices',* The National Institute for Health and Clinical Excellence (NICE) guidance on obesity (2006) Report of the House of Commons Health Select Committee (2004) and National Heart Forum, Faculty of Public Health and Department of Health: '*Lightening the load: tackling overweight and obesity.'* (2007).

Scale of the change required to tackle obesity

The problem of obesity has been described as '*the most significant public and personal health challenge facing us today*' (30, p33). To tackle the problem will require a systemic or 'paradigm shift' (24, p12) at all levels, from government and local authority levels, through to communities, families and individuals (ibid) – this, itself, is described by the authors of the Foresight report as a '*formidable challenge*' (ibid).

The prevention and management of obesity will have to become a priority for all (23, p8) and this will require health to be redefined as an economic and societal issue, rather than one to be tackled at an individual level (24, 128).

As set out in the 2004 Wanless report '*Securing good health for the whole population'* interventions will not only need to be undertaken by health service providers, but also within a range of other settings, such as schools, local authorities, other public sector agencies, employers and the private and voluntary sectors (23, p5).

The urgency required to tackle obesity

As demonstrated throughout this report, preventing and managing obesity are complex issues and there are no easy answers (24, p6). There are many factors that promote weight gain, and the cumulative effect of these is very powerful. The only way to begin to counteract them is to have an integrated and wide ranging programme of activities, which is supported at all levels of government and more widely across the community.

However, the evidence base to inform whether such interventions will be effective is weak (24, p62). There is an urgent requirement for further high quality research into the effectiveness of interventions to prevent and manage obesity in adults and children. This includes gathering evidence pertaining to cost effectiveness, efficacy and sustainability (23, p61).

Nevertheless, given the '*pressing need*' to tackle obesity, it is likely that interventions to tackle obesity will need to take place when evidence is 'neither complete nor perfect' (24, p62). The length of time needed to fill the evidence gap is at odds with the need for urgent action (38, p8). Instead, the evidence base will have to be developed alongside novel interventions, thereby creating a circle of continuous improvement. In Guernsey, this will include monitoring and, where appropriate, then incorporating new research both from the UK and across the globe.

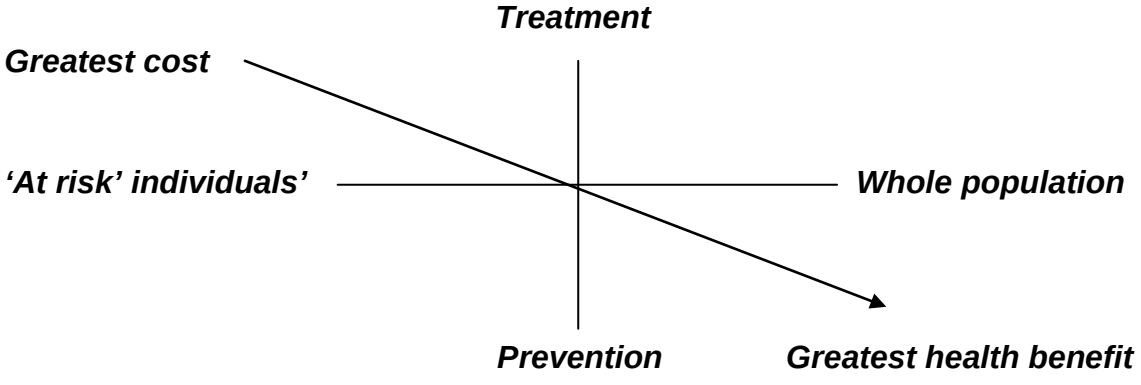
Although this process will allow interventions to be refined over time, it will also involve a degree of risk and acceptance that some well intentioned interventions may fail (24, 62). Though this situation is preferable to inaction, in which case, as has been discussed, the burden of obesity would be unsupportable (25, p27). Delays in action will only make obesity yet more difficult to tackle (24, p125).

Key components for a successful obesity strategy

When designing any major public health intervention, at least four important modalities must be considered:

- whether to target 'high risk' individuals or the whole population;
- whether to favour 'treatment' or 'prevention'.

In reality, any successful programme will contain components from each modality, e.g. with tobacco control, it is important to discourage the whole population from smoking, but also to offer help to addicted smokers who wish to quit.



Nonetheless, in general terms the greatest costs will come from waiting for people to suffer health consequences, and then attempt to treat these on an individual basis (top left hand corner) in the figure above.

The greatest 'health benefits' will accrue from preventing the problem developing amongst the population in the first place (bottom right hand corner). Unfortunately, most interventions in obesity management to date have been in the 'individual at risk' (top upper quadrant) including 'fad diets', Weight Watchers, tailored exercise programmes, bariatric surgery, etc, and comparatively few in the bottom right (increasing knowledge and availability of healthy diets, healthy built environments, integrated government policies to combat the obesogenic environment, etc).

Benefits for 'high risk' individuals

Although the greatest benefits (including maximum cost savings) accrue from prevention at a population level, 'at risk' individuals will also enjoy increased 'individual' benefit from effective interventions targeted at their needs.

Successful strategies must therefore include a mix of 'population prevention' and treatment of 'high risk' individual approaches.

Sub-groups identified at increased risk of obesity include:

- low income groups
- children where at least one parent is obese
- people with physical disabilities
- people with learning disabilities
- women during and after pregnancy and at the menopause
- men in their late thirties
- people giving up smoking
- people at retirement
- older people who expend less energy.

The life course approach

In contrast to smoking and alcohol consumption which are typically associated with transition to adult life (smoking is typically initiated in the 11-14 year olds and alcohol consumption in the 13-16 year olds), food preference are deeply culturally ingrained, and start from the earliest years of life.

Indeed, food 'likes and dislikes' at the age of 5 are likely to have a lifelong influence on dietary choices.

It follows that any successful population obesity strategy must take a 'life course' approach which includes:

- the home
- pre-school
- school
- workplace
- community
- leisure outlets
- retain outlets
- media support.

Combating the obesogenic environment

As summarised above, the modern urban environment encourages over consumption (often of the 'wrong' foods), whilst at the same time limiting opportunities for physical activity both in the workplace and during leisure time.

To combat the obesogenic epidemic, we must create supportive and accessible physical environments, which are conducive to greater energy expenditure for everyone, especially in those in the identified 'high risk' sub-groups.

Measuring success and a realistic timeframe

It will have become clear that the reasons for the growing worldwide 'epidemic of obesity' are extremely complex, and 'single strand' interventions are not only simplistic, but are also unlikely to be successful.

Success will be measured by health indicators which confirm that:

- 'normal weight' people do not progress to becoming overweight;
- 'overweight' people do not progress to becoming obese;
- 'overweight' or 'obese' people who have successfully lost weight, are prevented from regaining this.

However, weight gain is normally gradual and insidious, and successful weight loss needs to be achieved and sustained over several years.

It is therefore unrealistic to expect more than a '*stemming of the tide*' initially, and probably at least 20 years before we will be able to successfully claim that the rising tide of obesity has been reversed.

It will be at least 20 – 30 years before benefits in terms of reduction in levels of chronic disease and associated healthcare costs can be demonstrated (24, p 117). However, on the reverse side of the coin, if left unchecked, the burden of overweight and obesity will be unsupportable *(ibid*).

The need for regular monitoring of overweight and obesity levels in the population, and the need for a group to regularly report on these are therefore amongst the leading recommendations.

Complementarities or 'parallel benefits'

As has been discussed, the scale of the change required to tackle obesity and the difficulties that are likely to be encountered on the way are both formidable (24, p124). Therefore, the concept of alignment with other policies is crucial, so as to help maximise engagement with a broad range of stakeholders, strengthen the case for action and to provide multiple parallel benefits (24, p125). For example, policies to reduce carbon emissions to help tackle climate change, such as increasing the 'cyclability and walkability' of the environment, can also have an impact on obesity (24, p124).

A range of cross-cutting policy issues have been identified as having potential synergies with obesity. In addition to climate change, these also include policies that deal with social inclusion, health inequalities, ageing population, children, well-being and productivity (24, p126).

In particular, alignment with policies relating to climate change and to health inequalities has been identified as crucial in developing a strategy to tackle obesity (24, p124*).* Obesity has been described as 'comparable to climate change in both its scale and complexity' (30, p33). In both cases, failure to act promptly will lead to '*serious consequences in just a few decades*' (24, p125). Similarly, failing to address obesity and the subsequent health risks will only increase existing health inequalities and vice versa (ibid).

States policies that already exist may profit from parallel benefits. For example, the new Children and Young People Services Plan for Guernsey and Alderney (2007) (40) may have considerable overlap with the Guernsey Obesity Strategy in areas such as nutrition, physical activity and personal development. Similarly, recommendations from publications such as '*Planet Guernsey: towards a sustainable future!'* (54) also align with this Strategy, presenting the possibility of further parallel benefits.

CHAPTER EIGHT: RECOMMENDATIONS

The Foresight report (2007) recommends that, to be most effective, the Government must initially take action in five key areas:

- *Children: healthy growth and healthy weight*
- *Promoting healthier food choices*
- *Building physical activity into our lives*

- *Creating incentives for better health*
- *Personalised advice and support*

The subsequent '*Healthier Weight, Healthier Lives'* paper sets out a wide range of projects and interventions under each of these key areas, including work with new parents, childcare facilities, schools and leisure centres.

A similar approach has been taken by the Guernsey *Obesity Strategy Group* in selecting those interventions which it feels will deliver maximum benefits for affordable costs in the Guernsey context.

The likelihood of success

The aim of the proposed recommendations is to provide a coherent and comprehensive set of measures to combat the major problem of obesity, *'the most significant public and personal health challenge facing us today'* (30, p51). It is a huge and growing problem, but, to those sceptics who doubt that successful intervention is possible, the example of tobacco is relevant.

In the years following World War Two, a large majority of men and a growing proportion of women were regular smokers. As a consequence, doctors saw a substantial rise in previously rare conditions such as carcinoma of the lung and acute myocardial infarction, now proven to be strongly tobacco related.

It has taken over fifty years of sustained effort (including economic and legislative measures, educational initiatives, and social pressures) to reverse levels of smoking in the community. Guernsey can be proud that it is has been prepared to introduce a range of such necessary measures ahead of the UK, and can already demonstrate a fall in many tobacco related causes of death.

Achieving similar success in reversing the growing prevalence of obesity and related disease will also take time, and will not be easy. However, as the tobacco example shows, widespread socio-cultural change *is* achievable and early returns in the form of better health for the population can be demonstrated in consequence.

OBESITY STRATEGY RECOMMENDATIONS AND RESOURCE IMPLICATIONS

Recommendation 1

That monitoring of levels of overweight and obesity in Guernsey and Alderney be maintained and improved. These would include:

- babies at birth;
- children at their 3½ year check;

- by school nurses and Sports Commission staff during new Reception and Year 6 school surveys;
- through further 'Young People's Surveys' as successfully completed in 2007;
- by primary care practitioners through 'healthy lifestyle' and other screening checks;
- through the 'Healthy Lifestyle' survey conducted amongst 1500 Guernsey adults every five years by the Health Promotion Unit;
- through maternity bookings at the Princess Elizabeth Hospital and during antenatal care (see Recommendation 8).

Resource implications: within existing resources - if Recommendation 10 (for an additional school nurse) is accepted and see also Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 2

That the Guernsey Obesity Strategy Group remains in existence and meets at least once annually. Its functions would be to receive and analyse the above information, report on trends in overweight and obesity levels in the Guernsey and Alderney population and monitor progress towards achievement of other recommendations. More frequent meetings would allow this to become a true steering group, akin to the successful Drug and Alcohol Strategy Group.

In addition, that a cross-department officer level obesity group be established to help ensure an integrated approach and to agree investment. It is envisaged that the Obesity Strategy Group would report to this group concerning operational progress and development.

Resource implications: within existing resources.

Recommendation 3

Managers and health professionals in all care settings should ensure that preventing and managing obesity is a priority at both strategic and delivery levels. Dedicated resources should be allocated for action and all staff involved in interventions to prevent or manage obesity should be offered appropriate training. Time and space should be set aside for staff to take action and opportunities created for staff to develop multidisciplinary teams.

Resource implications: within existing resources.

Recommendation 4

Interventions aimed at preventing and/or managing obesity should, wherever possible, follow the guidance set out by NICE (2006) (12) and address issues concerning local

needs and preferences, health inequalities, evidence of best practice, person-centred care and monitoring and evaluation.

Resource implications: within existing resources

Recommendation 5

Additional appropriately qualified member(s) of staff to provide dietetic expertise in relation to obesity should be employed to provide training and support to address the needs identified by primary care and the dietetic, midwifery, health visitor, school nursing and health trainer services, adult and child weight management programmes and interventions developed within the community. Dieticians would also work alongside the young people's obesity clinic and the bariatric surgery service, together with receiving direct referrals.

Resource implications: the HSSD to recruit two new dieticians, at a cost of £95,000 per annum, to work largely in a community setting to support primary care initiatives.

Recommendation 6

The Health Promotion Unit should adopt a health promotion campaign directed at tackling obesity and to increase awareness of current and planned facilities and interventions.

Resource implications: within existing resources.

Recommendation 7

The promotion of breastfeeding (including the benefits of prolonged breastfeeding concerning obesity) should become a priority for the Health Promotion Unit. The forthcoming UK government's information campaign on the benefits of breastfeeding should be monitored and, if appropriate, amalgamated into local work. The campaign should include developing a supportive environment to encourage and facilitate prolonged breastfeeding. All relevant departments should also work to maintain the Princess Elizabeth Hospital's status as a UNICEF Baby Friendly Hospital, and further promote healthy diet and exercise during the early childhood years.

A specialist health visitor should be recruited to complement the work of the midwifery services on breastfeeding promotion, to work with children from birth to 5 years. This post would require specialist training, for example breastfeeding training based on UNICEF guidelines, delivered in the UK.

Resource implications: the HSSD to recruit a health visitor with responsibility to promote breastfeeding and act as a resource for parents and other staff. This post would provide ongoing training to all staff in the service area, at a cost of £40,000 per annum.

Recommendation 8

Families that are most likely to have overweight children should be identified during the antenatal period. In particular, mothers who are already obese at 12 weeks should be given appropriate advice. In addition, families of children and young people identified as being at high risk of obesity – such as children with at least one obese parent – should be offered ongoing support from an appropriately trained health professional.

A specialist health visitor should be recruited to extend and support current service provision for children from birth to 5 years old. This post would also require specialist training delivered in the UK.

Resource implications: the HSSD to recruit a full time health visitor post to address these issues and work directly with parents, at a cost of £40,000 per annum.

The two posts identified in recommendations 7 and 8 would also assist in the delivery of recommendation 9.

Recommendation 9

Nurseries and other childcare facilities should follow NICE guidance (12) on preventing obesity. This will be monitored by the Early Years Service and also supported, in part, by the Sports Commission.

Resource implications: within existing resources; see also Recommendations 7 and 8 and Recommendation 15 (re: Guernsey Sports Commission staff costs). Depending on the method of implementation, members of the Pre School Alliance may incur additional costs, but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 10

All children should have their BMI measured at regular intervals when undergoing other health screenings and the results should be given to parents, together with information on healthy eating and appropriate physical activity. Consideration should be given to adopting the National Child Measurement Programme (NCMP), which involves measuring height and weight at Reception and Year 6 (19). Appropriate support should then be given to children and their families, where results from the programme identify a need. The Education and Health and Social Services Departments should ensure relevant staff receive appropriate training and resources to conduct and support such a programme.

Resource implications: the HSSD to recruit an additional school nurse to work with children from 5 to 16 years old, at a cost of £40,000 per annum.

Recommendation 11

The Education and the Health and Social Services Departments should continue to support the National Healthy Schools Programme and all schools should be encouraged

to participate. The ethos of all school policies is to embrace the five outcomes contained in 'Every child matters' and the Education Department curriculum statement. This includes 'being healthy: enjoying good physical and mental health and living a healthy lifestyle'.

Resource implications: within existing Education Department resources; see also Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 12

All schools should produce a whole-school food policy aimed at promoting healthy eating and covering all food served, including food provided through vending machines or brought into school and what is taught about food. Schools that provide food should work with food providers to ensure nutrition standards produced by the UK Department for Children, Schools and Families and School Food Trust are followed.

Resource implications: within existing Education Department resources. Professional support from the HSSD to monitor the food provision in schools will be required: it is envisaged that this would come under the remit of a community dietician (see Recommendation 5).

Recommendation 13

The Education Department should consider and report back on the introduction of cookery as compulsory at Key Stage 3 from 2011 and the feasibility of developing 'Let's Get Cooking' cookery clubs (13) as being developed by the School Food Trust in the UK.

Resource implications: within existing Education Department resources.

Recommendation 14

All schools should continue to work towards improving levels of physical activity, together with improving diet as a matter of priority to help prevent excess weight gain. Schools should endeavour to provide two, and ultimately three, hours of physical activity a week, including curricular and extra-curricular activities. (New UK government targets relating to levels of physical activity in schools should also be monitored.) Activities that young people enjoy and are likely to take on into adulthood should be promoted by all staff.

Resource implications: the Education Department provision will be delivered within existing Education Department resources. See Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 15

The links between the Guernsey Sports Commission and the Education Department should continue and their brief should include strategic planning, raising standards,

coaching and leadership and providing enhanced opportunities for in and out of school hours activities. Accordingly, the Guernsey Sports Commission might need to increase staff numbers and particularly so if the PE in Schools Programme currently under discussion comes to fruition.

Resource implications: to assist in implementing and supporting a PE in Schools Programme with suitably qualified full and part time specialist PE staff could incur a cost of up to £50,000.

Involvement of Guernsey Sports Commission staff in Recommendations 1, 9, 11, 14 & 18 will incur costs to the HSSD of approximately £10,000 per annum.

Recommendation 16

The Education Department should investigate the inclusion in the Inspection Framework for Phase 3 of the Validated School Self-Evaluation Process, the extent to which the school contributes to children and young people being healthy. Topics for evaluation would include the teaching and learning of issues relating to weight, nutrition and exercise and attitudes to participation in physical activity.

Resource implications: within existing Education Department resources.

Recommendation 17

The Environment Department should take into account new NICE guidance on how to improve the physical environment (20) so as to encourage and support physical activity and provide support and training to staff involved in implementing such guidance in as far as it is relevant to the Guernsey environment.

Resource implications: it appears from the response to the consultation document that many of the basic aims of the NICE guidance are already being taken into account by the Environment Department, so there should be no significant resource implications.

Recommendation 18

The Culture and Leisure Department should continue to promote the use of schools, church halls etc for sport and physical activity use and should follow up the Sports Commission's work to encourage adults aged 50 + to use sports facilities.

Resource implications: see Recommendation 15 (re: Guernsey Sports Commission staff costs).

Recommendation 19

The HSSD should work with local shops, supermarkets and restaurants to promote healthy eating choices in line with NICE guidance (12). Local food producers should be encouraged to follow the Food Standards Agency's Traffic Light Labelling System (15) wherever possible.

Resource implications: within existing resources. Depending on the method of implementation, retailers may incur additional costs, but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 20

The Health Promotion Unit should work with the Guernsey Chamber of Commerce to encourage local businesses to adopt the guidance set out in the UK Government's Health, Work and Well-Being Strategy (16) and the recent NICE guidance (12) in relation to supporting their staff to lead a healthy lifestyle and prevent excess weight gain. The HSSD should set an example in developing policies to prevent and manage obesity.

Resource implications: within existing resources. However, retailers may incur additional costs depending on the method of implementation but this will not have resource implications for the States of Guernsey at this stage.

Recommendation 21

The HSSD should adopt the NICE clinical pathways and guidance (12) for the assessment and management of excess weight problems in both adults and children, ensuring sufficient training, resources and support.

In particular, bariatric surgery should be the treatment of last resort, and both adults and children should be referred for surgery via an obesity multidisciplinary team (MDT) that has concluded there is no other option for that patient and that surgery is medically indicated and necessary.

An obesity MDT has yet to be established and, initially, would need to use existing staff, e.g. dietician, clinical psychologist, etc. Over time, it would be hoped to devote more dedicated resources to this.

Resource implications: within existing resources.

Recommendation 22

Severe obesity needs to be recognised as a cause of serious medical problems and specialist training should be undertaken by GPs and other health professionals, such as health promotion tutors and health trainers (see Recommendation 25). This training could be founded on the evidence-based Counterweight Project (17).

A weight management referral scheme, similar to Lifefit (exercise on prescription scheme) should be further investigated and set up to help overweight and obese adults.

Resource implications: the cost of initial staff training, resource materials and course subsidisation is approximately £60,000.

Recommendation 23

The Health Promotion Unit and the HSSD's dieticians should only recommend or endorse those self-help, community and commercial weight management programmes that follow the best practice guidance outlined by NICE (12).

Resource implications: within existing resources.

Recommendation 24

A lifestyle referral scheme, similar to Lifefit (exercise on prescription scheme), should be set up to help overweight and obese children. The scheme would be operated by both the Health and Social Services and the Culture and Leisure Departments.

Resource implications: a budget of £12,000 is required for the first year for staff training and resource materials; thereafter, a budget of £7,200 per year is required to support the programme.

Recommendation 25

The HSSD should monitor the research being carried out by the UK government into widening the number and types of health professionals who can play an effective role in weight management. The HSSD should identify appropriate health professionals locally and ensure they receive training as recommended in NICE guidance (12).

Examples of such health professionals might include pharmacists and individuals trained to be health trainers. The Health Promotion Unit needs extra resources to expand its Live for Life programme to include tutors prepared to work one-to-one with individuals who need tailored lifestyle advice. These will be trained by the College of FE to obtain the City and Guilds Health Trainer qualification.

Resource implications: £36,000 per annum to allow the employment of five qualified 'health trainers' for up to 9 hours per week, allowing expert advice and support for up to 300 obese people annually in Guernsey and Alderney.

Recommendation 26

The specialised obesity clinic for children and young people should be further developed.

Resource implications: within existing resources.

Recommendation 27

As the strategy is a major and complex investment programme, it will be essential to implement its recommendations as effectively as possible. Currently, the Health

Promotion Unit has 11 hours per week of staff time to manage the strategy, which will be insufficient. This post should be increased to 18 hours per week to act as the Project Manager. The role will be to ensure that all the recommendations outlined in the strategy are progressed and the resources allocated are used wisely.

Resource implications: the HSSD to employ a Health Promotion Officer for 18 hours per week at a cost of £12,850 per annum.

FOR FUTURE ACTION (2010 ONWARDS)

Schools work well with a variety of voluntary agencies that promote particular messages and themes, including alcohol, drug and tobacco education. Experience suggests that the establishment of an agency co-ordinated by the Health Promotion Unit to drive forward a campaign dealing with the issues of weight and obesity might be equally successful. The establishment of such an agency should be further investigated and considered for future development.

The HSSD should monitor new UK guidance on managing obesity in pregnancy and, where appropriate, consider implementing such guidance.

The Health and Social Services, Education and Environment Departments should monitor the new UK strategy on active play for all children, including disadvantaged children and those with disabilities.

The Health and Social Services, Education and Culture and Leisure Departments should monitor a new on-line resource aimed at encouraging overweight or obese pupils to take part in physical activity.

The Environment Department should monitor the publication of guidance on further ways in which planning policy and powers can be applied to promote physical activity and, where appropriate, consider implementing such guidance.

REFERENCES

1. Select Committee (2004) *House of Commons Health Committee: Obesity. Third Report of Session 2003 – 04, Vol 1* pub: The Stationery Office

2. Fant M. (2005) *Childhood Obesity* essay for Masters of Public Health Module: Disease causation, prevention and control

3. Swinburn B, Egger G. (2004) The runaway weight gain train: too many accelerators, not enough brakes, *British Medical Journal* 329: 736-739, retrieved 29/10/04 from bmj.bmjjournals.com/cgi/content/full/329/7468/736

4. Jotangia D. (2005) et al. *Obesity among children under 1,* National Centre for Social Research prepared for Department of Health

5. Department of Health (2005) *Delivering Choosing Health: Making healthier choices easier*

6. BBC News Website *Obesity Increases Dementia Risk,* retrieved on 29/04/05 from http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk

7. Jeffs D, Le Page Y. (2004) *The Fourth Guernsey Healthy Lifestyle Survey 2003* Summary of Results, Health and Social Services Department

8. Standring P. (2005) *A study of Guernsey 3 and a half year olds compared with the British Growth Reference Population*

9. Jeffs D. (2005) *Healthier Islands Revisited - A review of health and healthcare in Guernsey and Alderney 1999 – 2003* Guernsey Health and Social Services Department

10. Jebb, SA. (1997) Aetiology of Obesity *British Medical Bulletin,* 53: 264-285

11. Farooqi, S, Jebb, SA, Cook, G et al, (1999) Recombinant leptin induces weight loss in humans congenital leptin deficiency, *New England Journal Of Medicine*, 341: 879-884.

12. Ravussin, E., Liilioja,S., Knowler, W.C et al, (1988) Reduced rate of energy expenditure as a risk factor for body weight gain. *New England Journal of Medicine* 318: 467-472.

13. Astrup, A., Buemann, B., Toubro, S., Raben, (1996) Defects in substrate oxidation involved in the predisposition to obesity. *Proceedings of the Nutrition Society*,55: 817-828).

14. O Sullivan M. et al (2005) Aspects of childhood obesity in an Irish region: Our

children…their future…why weight? *Education and Health* 23 3: 41 - 43

15. Davey R. (2004) Fat chances *Public Health News* 15 November 2004 12 -14

16. Overweight and Bullied (2006) *Schools Health Education Unit News* February 2006

17. Guernsey Sports Development Unit (2004) *How fit are you? - a comparison between the Education Council's survey and the Sport Search Bleep test levels* (unpublished)

18. Farooqi I S and O'Rahilly S (2000) Recent advances in the genetics of severe childhood obesity *Arch Dis Child* 83:31-34

19. Schools Health Education Unit (2007) *The Guernsey Young Peoples Survey* Secondary Schools

20. Schools Health Education Unit (2007) *The Guernsey Young Peoples Survey* Primary Schools

21. World Cancer Research Fund (2007) Second expert report: Food nutrition physical activity and the prevention of cancer a global perspective.

22. The Information Centre (2008) *Statistics on Obesity, Physical Activity and Diet* January. NHS.

23. National Institute for Health and Clinical Excellence (2006) *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.* December.

24. Foresight (2007) *Tackling Obesities: Future Choices.* UK Government Offices for Science.

25. Swanton K and Frost M (2007) *Lightening the Load: tackling overweight and obesity. A toolkit for developing local strategies to tackle overweight and obesity in children and adults.* National Heart Forum.

26. Jebb S, Steer T and Holmes C (2007) *The 'Healthy Living' Social Marketing Initiative: A review of the evidence.* MRC and Department of Health.

27. Steinbeck K (2001) The importance of physical activity in the prevention of overweight and obesity in childhood: a review and an opinion. *Obesity Reviews* 2: 117-130.

28. The States of Guernsey (2007) *Guernsey Household Expenditure Survey 2005-6. Technical Report.* Policy Council.

29. Government of South Australia. *Preschool and Primary Teacher Fact Sheet:*

Healthy eating guidelines. Retrieved on 07/02/2008 from www.decs.sa.gov.au/eatwellsa/files/links/Healthy_Eating_Guideline_3.pdf

30. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.* January.

31. Jebb S (2008) *Keynote Address: Tackling Obesities: Future Choices.* Tackling Obesity. HSJ Conference: February. London.

32. World Health Organization (2007) *The Challenge of Obesity in the WHO European Region and the Strategies for Response.* Copenhagen: Denmark.

33. Law C, Power C, Graham H and Merrick D (2007) Obesity and health inequalities. *Obesity Reviews* 8 (Suppl 1) 19-22.

34. Department of Health (2007) *Implementation plan for reducing health inequalities in infant mortality: a good practice guide.* Health Inequalities Unit. December.

35. British Heart Foundation (2007) Press release: *Obesity – a major issue needing urgent action.* Retrieved on 06/03/2008 from www.bhf.org.uk/default.aspx?page=8401

36. National Statistics (2006) *Health Survey for England – Latest Trends.* The Information Centre: NHS.

37. National Statistics (2006) *Health Survey for England – Commentary.* The Information Centre: NHS.

38. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families (2008) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England: Equality Impact Assessment.* January.

39. Lewis G ed (2007) The Confidential Enquiry into Maternal and Child Health (CEMACH) *Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer 2003-2005.* The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. CEMACH: London.

40. States of Guernsey (2007) *Better Services, Better Outcomes: Children and Young People's Plan for Guernsey and Alderney 2008 to 2009.* The Implementation Group.

41. Post (2003) *Postnote No 205 Childhood Obesity.* Retrieved 12/08/2005 from www.parliament.uk/post/pn205.pdf.

42. Jeffs D (2005) *Guernsey students not so fat.* Media release 30/06/2005. Health and Social Services Department.

43. Singhal A and Lanigan J (207) Breastfeeding, Early Growth and Later Obesity: Short Science Review. *Obesity Reviews* 8 (suppl 1) 127-130.

44. Veitch J, Bagley S, Ball K and Salmon J (2006) Where do children usually play? A qualitative study of parents' perceptions of influences on children's active free-play. *Health Place.* 12 (4) 383-93.

45. Dallman M, Pecoraro N, Akana S, le Fleur S et al (2003) Chronic stress and obesity: a new view of 'comfort food'. *Proceedings of the National Academy of Sciences of the United States of America.* 100 11696-701.

46. MORI (2001) *Eating and today's lifestyle.* Nestlé Family Monitor. Issue number 13.

47. Jeffrey A, Voss L, Metcalfe V et al (2005) Parents' awareness of overweight in themselves and their children: cross sectional study within a cohort. *British Medical Journal* 330 (748) 23-4.

48. Marmot M and Wilkinson R (2005) *Social determinants of health.* Second edition. Oxford University Press: Oxford.

49. Klesges R et al (1990) The effects of applicant's health status and qualifications on simulated hiring decisions. *International Journal of Obesity.* 14 527-535.

50. McPherson K, Marsh T and Brown M (2007) *Modelling Future Trends in Obesity and the Impact on Health.* Foresight (2007) *Tackling Obesities: Future Choices.* UK Government Offices for Science.

51. Whitaker R, Wright J, Pepe M et al (1997) Predicting obesity in young adulthood from childhood and parental obesity. *New England Journal of Medicine.* 337 869-73.

52. Tonkin R (2003) *The X Factor: Obesity and the metabolic syndrome.* The Science and Public Affairs Forum: London.

53. British Nutrition Foundation website. Lipgene. www.nutrition.org.uk/upload/Lipgene%20Q20and%20A20pdf.pdf

54. Casebow A et al (2007) *Planet Guernsey: Towards a Sustainable Future!* Guernsey Climate Change Partnership: Guernsey.

55. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families (2008) *Healthy Weight, Healthy Lives:*

Guidance for Local Areas. January.

56. Commission of the European Communities (2007) '*A strategy for Europe on Nutrition, Overweight and Obesity related health issues'* May.

57. National Child Measurement Programme www.ncmp.ic.nhs.uk

58. School Food Trust: Let's Get Cooking Programme www.letsgetcooking.org.uk

59. Cycling England www.cyclingengland.co.uk

60. Food Standards Agency: Traffic Light Labelling www.eatwell.gov.uk/foodlabels/trafficlights

61. Health, Work and Well-being Strategy www.workingforhealth.gov.uk

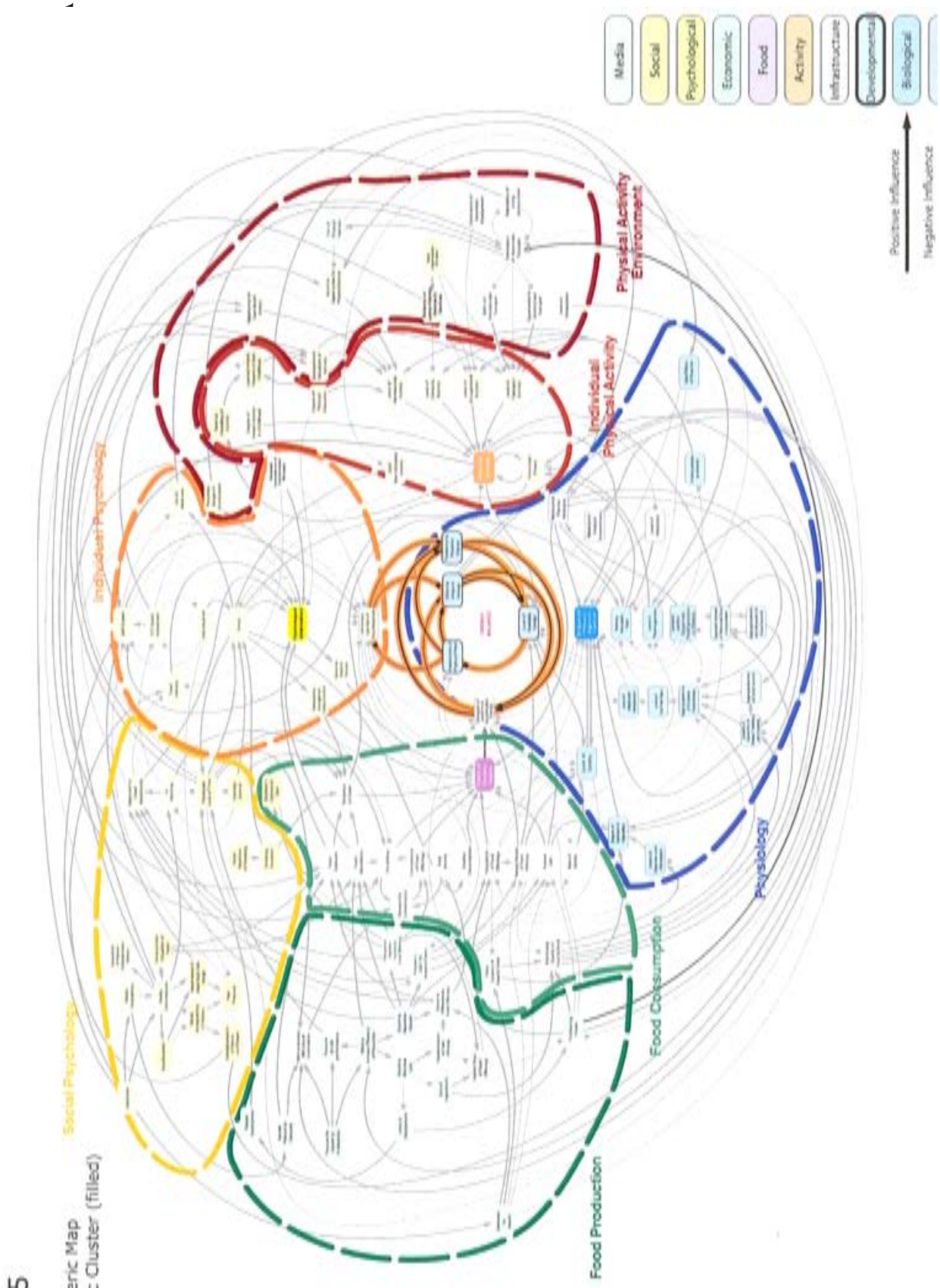
62. The Counterweight Project www.counterweight.org

63. MEND Programme (Mind, Exercise, Nutrition, Do It!) www.mendprogramme.org

64. Rissanen A, Heliovaara M, Knekt P et al (1990) Risk of disability and mortality due to overweight in a Finnish population. *British Medical Journal* 301 (6756): 835-7.

65. Williams N R (2008) *Managing Obesity in the Workplace*. Radcliffe: New York

66. Hertz RP, Unger AN, McDonald M et al. (2005) The impact of obesity on work limitations and cardiovascular risk factors in the US workforce. *Journal of Occupational and Environmental Medicine* 46 (12) 1196-203.


Map 5
Full Generic Map
Thematic Cluster (filled)
Media
Social
Psychological
Economic
Food
Activity
Infrastructure
Developmental
Biological
Positive Influence
Negative Influence
Physical Activity Environment
Individual Physical Activity
Physiology
Food Consumption
Food Production

Appendix B

MEMBERSHIP OF THE GUERNSEY OBESITY STRATEGY GROUP

Dr David Jeffs	Director of Public Health
Mr Alun Williams	Life Long Learning Manager, Education Department
Miss Yvonne le Page	Health Promotion Manager
Dr Lynn Harbottle	Consultant in Nutrition
Mrs Ann Battye	PSCHE Consultant
Dr Sue Wilson	Primary Care Representative
Dr Peter Standring	Consultant Paediatrician
Ms Kathy Stuart	Guernsey Sports Development Unit
Mrs Lucy Whitman	Health Promotion Unit
Mr David Cade	Child Health Services Officer
Dr Stephen Wray	General Practitioner
Mr Graham Chester	Sports Development Manager
Mrs Chris Jewell	School Nurses
Ms Helen Mahoney	Activities Manager

APPENDIX 4

COMMERCE AND EMPLOYMENT
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Commerce and Employment
Raymond Falla House
PO Box 459, Longue Rue
St Martin's, Guernsey
GY1 6AF
Tel +44 (0) 1481 234567
Fax +44 (0) 1481 235015
www.gov.gg

The Minister
Health & Social Services Department
Corporate Headquarters
Le Vauquiedor
St Martin's
Guernsey
GY4 6UU

25 July 2008

Dear Deputy Adam

DRAFT GUERNSEY OBESITY STRATEGY

The Department considered the Health & Social Services Department's draft *'Guernsey Obesity Strategy'* at its meeting of 22 July 2008.

The board noted that it is cited in three specific areas of the Strategy, [Recommendations 19 and 20 and Future Actions (2010 onwards)], although there had previously been no contact with the Department in connection with this matter. Enquires subsequently made at officer level revealed that Commerce and Employment is referenced in these three areas in the expectation that it might be able to provide support; the Department's comments in this regard are as follows:-

Recommendation 19 concerns the labelling of locally produced foods. The board understands that H&SSD is looking to Commerce and Employment for assistance with gaining access to details of who the locally based food producers are, and possibly, information concerning volumes/ranges produced. Unfortunately, however, the Department does not hold a database of food producers/processors. On the broader issue of responsibility for food labelling, I should mention that Commerce and Employment has no statutory responsibility for food issues in the context to which the draft refers.

Recommendation 20 concerns the encouragement of employers to support their staff to adopt healthy lifestyles. Although the Department firmly supports the principle of keeping the workforce in a healthy condition, this is another area where Commerce and Employment has no statutory or other responsibility to support what is essentially a Health Promotion Unit activity.

The **Future Action (2010 onwards)** section refers to Commerce and Employment monitoring the development of the UK Government's *'Healthy Food Code of Practice'* and to consider adopting it – this matter also falls outside of the Department's current mandate.

Notwithstanding the above comments, the Department fully recognises that the aims of the Strategy can only benefit the Island's population. The proposals contained in the Strategy should, if successfully implemented, result in a potentially fitter workforce and consequently the Department provides its broad support.

Yours sincerely

Carla McNulty Bauer
Minister

CULTURE AND LEISURE
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Culture and Leisure
Guernsey Information Centre
North Esplanade
St Peter Port, Guernsey
GY1 2LQ
Telephone +44 (0) 1481 747210
Facsimile +44 (0) 1481 749269
Email cultureleisure@gov.gg
www.gov.gg

The Minister
Health and Social Services
Princess Elizabeth Hospital
Le Vauquiedor
St Martin's
Guernsey
GY4 6UU

6 August 2008

Dear Deputy Adam

Guernsey Obesity Strategy

Thank you for the opportunity to view the updated draft report on the above which is most informative on this important issue.

As you are aware three staff members of the Culture and Leisure Department were members of the Guernsey Obesity Strategy Group and contributed extensively to its research and drafting.

In that regard they have ensured the fullest input of this department's views on the subject and I am content that the report gives an accurate picture of the problem and the recommendations necessary to alleviate it as far as possible.

Please be assured of this department's support for this strategy.

Yours sincerely

Deputy Mike Garrett
Deputy Minister

EDUCATION
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Education Department
PO Box 32
Grange Road
St Peter Port, Guernsey
GY1 3AU
Telephone +44 (0) 1481 710821
Facsimile +44 (0) 1481 714475
www.education.gg

Our ref: 2645/170/AW/TB

1st September 2008

Deputy A. H. Adam,
Health & Social Services Department,
Corporate Headquarters,
Le Vauquiedor,
St. Martin's,
GY4 6UU

Dear Deputy Adam,

Re: Consultation on the Guernsey Obesity Strategy

The Education Board discussed the Draft Obesity Strategy at its meeting on 22nd July 2008. The Board considered those recommendations that were pertinent to education and has made the following observations:

Recommendation 1
Note that the Young People's Survey which was held in 2007 provides information on attitudes to weight, body image and weight loss and should be continued.

Recommendation 2
Support the recommendation but suggest that the group meets more frequently as obesity is such priority. Perhaps the group should function in a similar fashion to the Drug and Alcohol Strategy group.

Recommendation 5
Additional support and expertise for the Schools Nursing Service would be welcomed.

Recommendation 6
Schools work well with a variety of voluntary agencies that promote particular messages and themes including alcohol, drug and tobacco education. Experience suggests that this might be the strategy to follow – the establishment of an agency, managed by the Health Promotion Unit, to drive forward a campaign dealing with the issues of weight and obesity.

Recommendation 10
Additional support and expertise for the Schools Nursing Service would be welcomed.

Recommendation 11
The recommendation should be amended to read: 'The Education Department and the HSSD should continue to support the National Healthy Schools Programme and **all schools** are recommended to participate'.
The second sentence should omit '**All staff should ensure that'** and should read as follows: 'The ethos of all school polices is to embrace the five outcomes outlined on page 34 of the strategy. This includes '**being healthy:** enjoying good physical and mental health and living a healthy lifestyle'.

Recommendation 12
Agreed.

Recommendation 13
Does the Board wish to make cookery compulsory? Should the recommendation read – 'The Education Department should consider and report back on the place of cookery within the school curriculum'.

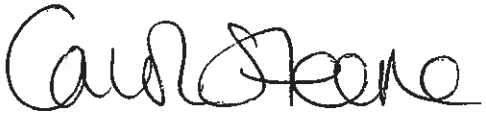
Recommendation 14
Agreed.
The recommendation includes both curricular and extra-curricular activities. The final sentence should be changed to read: 'all staff' not just 'physical education staff'.

Recommendation 15
Agreed.

Recommendation 16
The final sentence to be amended to say: 'Topics for evaluation would include the teaching and learning of issues relating to weight, nutrition and exercise and attitudes to participation in physical activity'.

During the discussion the Board did recognise the importance of addressing obesity and weight issues amongst young people. It was also noted that education establishments had a key role to play in ensuring that young people were well-informed about all health and nutrition matters.

Yours sincerely,



Deputy C. A. Steere
Minister for Education

ENVIRONMENT
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Environment Department
Sir Charles Frossard House
PO Box 43, La Charroterie
St Peter Port, Guernsey
GY1 1FH
Telephone +44 (0) 1481 717200
Facsimile +44 (0) 1481 717099
Email env@gov.gg
www.gov.gg

1st August, 2008

Deputy Hunter Adam
The Minister
Health and Social Services Department
Princess Elizabeth Hospital
Le Vauquiedor
St. Martin's
GUERNSEY
GY4 6UU

Dear Deputy Adam,

Guernsey Obesity Strategy

I refer to your letter dated 4th June, 2008, enclosing a copy of a draft report prepared by the *Guernsey Obesity Group*, which followed the Green Paper debated by the States in June, 2007 on the need for a '*Nutrition, Exercise and Weight*' Strategy for Guernsey. Comments on the draft strategy report were invited by the 4th August, 2008.

Whilst the majority of the 26 recommendations contained in the report are deemed to be the responsibility of the main States providers involved in the delivery of Care/Education/Leisure Services, Recommendation 17 advises action by the Environment Department. It states that the Department should take into account new guidance on *Physical Activity and the Environment* issued in January, 2008 by the National Institute for Health and Clinical Excellence (NICE). This guidance promotes the creation of built or natural environments that encourage and support physical activity and is targeted at professionals who have a direct or indirect role in creating and shaping the physical environment.

Recommendations 1-5 of the NICE Guidance are aimed at those involved in both development and transport planning and therefore the key actions have been considered in relation to the current work of the Department:-

Strategies, Policies and Plans

- Involving communities in the development process to maximise the potential for physical activity;
- Ensuring that planning applications for new development prioritise the need for people to be physically active as part of their daily lives;
- Ensuring that local facilities and services are easily accessible on foot and by bicycle;
- Ensuring that children can participate in physically active play; and
- Assessing what impact proposals are likely to have on physical activity levels.

Comment:

The principal planning mechanisms for achieving these aims are through the preparation of Development Plans and the determination of individual planning applications, which both provide for local community engagement. More detailed guidance is afforded by Outline Planning Briefs and Area Design Statements, which are generally prepared by the Environment Department on a site by site basis according to scale of development or environmental/visual sensitivity (eg Conservation Areas, Areas of Landscape Quality/Value). However, it should be acknowledged that the planning process cannot 'engineer' social behaviour, it can only create environments that promote more active lifestyles by introducing open space into new developments and ensuring that such developments are well related to community facilities/local services. This approach has been adopted in the Rural Area Plan by identifying 'Rural Centres' that have the capacity to reduce dependency on the private motor car by facilitating access by foot/cycle. In the Urban Area Plan, all new development is consolidated, principally on 'brownfield' sites, within the main settlements of St Peter Port, St. Sampson and Bridge, where local services are generally accessible within walking/cycle distance.

Transport

- Ensuring that pedestrians and cyclists (including the mobility impaired) are given the highest priority when developing or maintaining streets/roads;
- Re-allocating road space to support physically active modes of transport (eg. widening pavements, creating cycle lanes);
- Restricting motor vehicle access (eg. closing/narrowing roads to reduce capacity);
- Introducing road-user charging schemes;
- Introducing traffic calming schemes to restrict vehicle speeds;
- Creating safe routes to schools; and
- Planning and providing a comprehensive network of routes for walking/cycling that offer everyone (including the mobility impaired) convenient, safe and attractive access to work, homes, schools and other public facilities.

Comment:

Whilst many of these aims are laudable, they either do not transfer to the Guernsey context or are at odds with current policy. For example, the *Road Transport Strategy*, approved by the States in March 2006, acknowledges that vehicle use is an inherent part of society in Guernsey today. Therefore, the first objective should be to ensure that pedestrians and cyclists are given a '*high*' rather than '*highest*' priority.

The second bullet point which aims to re-allocate road space in favour of wider pavements/cycle lanes is difficult to achieve on the Island. Hence, whilst as a matter of principle, the Department already seeks to provide pavements and

cycle lanes (where possible and practical); there is no specific policy or programme for expanding or extending them. It would be more appropriate to re-phrase the aim to '*Where possible, assign road space'* rather than '*re-allocating road space'.*

On the issue of restricting motor vehicle access, this aim is best addressed through traffic calming which can be achieved through various techniques and is in any event highlighted in the fifth bullet point.

Regarding road user charging, this is principally aimed at discouraging vehicle use and redistributing traffic flows, but has little practical value for Guernsey, since it would inevitably create more challenging problems elsewhere. It cannot therefore be considered as a viable traffic management alternative.
In the context of Guernsey, the Department already considers traffic calming in all road maintenance and development proposals where the need to reduce speed is identified, as in the case of St Sampson High School, but invariably these measures are controversial. Similarly, whilst creating safe routes to schools cannot be argued against, how schemes are implemented is often a matter of concern.

Finally, the development of a comprehensive network of routes for walking/cycling may be worthy of further investigation as part of an enhanced *Road Transport Strategy*, possibly when the document is next brought to the States. This might examine the potential of a green lane network for a safer, more attractive walking/cycling environment, as promoted in the St. Sampson High School proposals.

Public Open Spaces

- Ensuring public open spaces and public paths can be reached on foot or by bicycle as well as being accessible by public transport; and
- Ensuring public open spaces and public paths are maintained to a high standard as well as being safe, attractive and welcoming to everyone.

Comment:

There is already a well planned maintenance regime administered by the Environment Department in respect of public open spaces and public foot/cycle paths, particularly along the coast/cliffs, which has the added advantage of enhancing the visitor experience of the Island. As in the case of the 'Transport' section above, accessibility for walking/cycling via the network of 'Ruettes Tranquilles' could be explored, but public transport links are already well developed in this respect.

Buildings

- Ensuring that different parts of campus sites (eg. hospitals, schools) are linked by appropriate walking and cycle routes; and
- Ensuring new workplaces are linked to walking and cycling networks and by creating new/through routes where possible.

Comment:

These aims are fundamental to the planning process in both the design and layout of new community facilities and are taken into account in Development Plan preparation through site selection/policy formulation. Indeed, where Planning and Design Statements or Development Briefs are required for specific sites, these objectives are positively encouraged and should form part of the assessment.

Future Action

From 2010 onwards, the report advises further actions by the Environment Department to:

- Monitor new UK strategies on active play for all children, including the disadvantaged/disabled, via a new on-line resource aimed at encouraging overweight/obese pupils to take part in physical activity, and
- Monitor UK government guidance on further ways in which planning policy can be applied to promote physical activity and where appropriate, consider implementing such guidance.

Comment:

The first of these actions cuts across the role of the Education Department, but may have implications on the success of active play policies by monitoring their impact on the built environment. The second applies to monitoring UK guidance which may not always be appropriate to the Guernsey context, since many guidance documents tend to provide a 'one size fits all' methodology.

With respect to the work of the Environment Department, future actions would best be addressed through its direct involvement in the emerging work on '*Guernsey Tomorrow*', which will develop a vision for the Island in 2025. This has the potential to provide an open forum for the community to engage in and debate key issues such as 'obesity' by raising public awareness and developing action plans that involve individuals, Government Departments and relevant stakeholders over a more sustainable timeframe.

Conclusion

Whilst it is accepted and acknowledged that the *Guernsey Obesity Strategy* is a key piece of research that cuts across many States Departments, it is considered that many of its basic aims are already being addressed by the Environment Department in terms of future planning on the Island in order to promote healthier, more active lifestyles amongst the local community. Nevertheless, one of the major challenges is still a reduction in car dependency, which not only affects personal health, but also increases carbon emissions and impacts upon climate change. Land use and transport planning clearly has a role to play in 'influencing' future patterns of behaviour, but much of the

responsibility must ultimately lie with individuals to adopt healthier lifestyles to reverse the worrying trends in obesity over the last twenty years.

Thank you for providing an opportunity for the Environment Department to consider the report and trust that its views will be taken into account in preparing the final strategy.

Yours sincerely,

Deputy Peter Sirett
Minister
Environment Department

HOME
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

HOME
Sir Charles Frossard House
PO Box 43, La Charroterie
St Peter Port, Guernsey
GY1 1FH
Telephone +44 (0) 1481 717000
Facsimile +44 (0) 1481 713972
www.gov.gg

Deputy A H Adam
Health & Social Services
Le Vauquiedor
St Andrews
Guernsey
GY6 8TW

1st August 2008

Dear Deputy Adam

Re: Guernsey Obesity Strategy

Thank you for your letter of the 4th June 2008 regarding the above and for providing the Home Department Board with the opportunity to comment.

I have read the document and it has also been presented to the Home Department Board for discussion.

I advise you that the Home Department Board has no specific comments or observations to make at this time, however, will take account the objectives of the obesity strategy in future work streams.

Yours sincerely

G. H. Mahy

Deputy Geoff Mahy
Home Department Minister

E/HSSD/Obesity Strategy/Letter to Deputy Adam 01.08.08

June 12th 2008

Deputy Hunter Adam
Health & Social Services
Princess Elizabeth Hospital
Le Vauquiedor
St Andrew
Guernsey GY4 6UU

CHAMBER OF COMMERCE GUERNSEY
CELEBRATING 200 YEARS 1808 - 2008

Dear Minister Adam

Guernsey Obesity Strategy

Thank you for your letter dated 4th June inviting a response from the Guernsey Chamber of Commerce regarding your proposed Obesity Strategy. Chamber does not profess to having any specific expertise in this area and so our comments are made from a generalist perspective, however we are able to be more informed with regard to the actual 'workplace' aspects and recommendations.

May 2008 Strategy Paper – Guernsey Obesity

- The report is extensive, detailed and logical in terms of its overall purpose.
- It appears to cover the subject matter comprehensively and appears to have been credibly researched.
- The NHS Guide attachment on page 10 outlines a 'workplace' approach. Chamber, in principle, supports the thrust of these guidelines as good common sense and a realistic set of initiatives. However we would caution that some smaller businesses and low profit companies may not have the resources to be able to embrace all of these ideas, and so we would encourage a voluntary commitment rather than enforcing legislation. Any good community minded employer is likely to want to support these ideas wherever possible!
- The www.workingforhealth.gov.uk attachment outlines some Employers' ideas, again Chamber supports these principles, see previous bullet point.
- Recommendation : 20 on page 48 we fully support and would be happy to act as a link between HSSD and C&E with our members to encourage and promote awareness of this new Obesity Strategy, especially as relevant to employers, employees and the workplace more generally.

Please feel free to contact us again as you develop this strategy and its implementation. A healthy workforce can only be of benefit to the Island as a whole.

Yours sincerely

Paul Luxon
President

The Guernsey Chamber of Commerce : - Suite 3, 16 Glategny Esplanade, St Peter Port, Guernsey, GY1 1WN
Tel: 01481 - 727483 Fax: 01481 – 710755
Office hours: - Mon – Fri....09.00 – 16.00
E -mail: office@guernseychamber.com
Web: www.guernseychamber.com
A company limited by guarantee. Registered No 37792

Primary Care Company Limited
Rohais Health Centre
Rohais
St Peter Port
Guernsey
GY1 1FF

Tel. 01481 723322
Fax 01481 725200

16th September 2008

Dr David Jeffs
Director of Public Health and Strategy
Princess Elizabeth Hospital
Le Vauquiedor
St Martins
Guernsey GY4 6UU

Dear David

Thank you for the copy of the Obesity Strategy and for asking for the views of the Primary Care Practices. We have the following observations and comments to make.

Comments from LASS:

1. Too much fast food. Not enough school sports. Practice nurses should be able to help with all this.
2. Again, need to make sure that there is enough sporting and physical activity in the Primary Schools.
3. There are cost implications for this and who is going to foot the bill. What about the possibility of subsidised appointments for patients to see the GP or Practice Nurse. There is no mention in the report of surgery - a recent BMJ article shows benefit of the surgery. It seems instead that the HSSD are trying to block this now in Guernsey as they are wanting to put the price up dramatically, which will make it beyond the reach of many people.

Comments from HC:

I have read the Guernsey Obesity Strategy document and have these comments to make which are purely in relation to the medical side of the obesity strategy. I have for simplicity divided this up into children and adults. The existing resources in respect of children's monitoring lies heavily on the Health Visitors and School Nurses. The children are checked at 3½ years by the Health Visitors and there is a school survey by School Nurses in Year 6. However, following this I believe that there is no proactive approach and monitoring following these checks.

However, in recommendation 5 they have indicated that they wish to recruit two new Dieticians who could work closely with the School Nursing Services. In recommendation 10 they are also wishing to recruit an additional School Nurse so that all children could have their BMI measured at regular intervals. These two recommendations I feel would be extremely helpful in respect of children's obesity monitoring although the schools would have to ensure that all children were regularly monitored and accept the services that were on offer. The expected financial resource needed would be, according to the report, approximately £125,000. These measures would, I am sure, complement the current situation.

Continued/..

Dr David Jeffs

16th September 2008

Tackling adult obesity, as we are fully aware in general practice, is much more difficult. As indicated in the report a significant number of obese adults are in the poorer income bracket and medically are often not insured. The difficulty with these patients is that there is often an underlying willingness to lose weight but without significant primary care input, quite often involving the nursing services, this is unlikely to be achieved.

There is currently no primary care dietetic service and as I indicated before use of two new Dieticians as in recommendation 5 would be extremely helpful if they were able to integrate in with the primary care nurses. In recommendation 22 they discuss the counterweight project which is a weight management service which was designed to incorporate into existing health care services. The resource implication of initial training and resource materials according to the document is approximately £60,000, however this does not appear to include the cost of regular follow up within the primary care setting and without financial support to these patients they are unlikely to continue on the programme as they are usually, as I indicated before, from a low income bracket. I therefore feel that if patients are likely to succeed in losing weight as an adult then they will need some financial assistance if they are likely to complete a counterweight type project. There will also need to be some regular follow up either by the practice nurses or dieticians in the long term otherwise they are likely to regain their weight.

The morbidly obese patients need significant dietician input and I feel that we, as GP's, should be able to have direct referral to the HSSD dietician. This is certainly an area which has not been recommended in this report.

QRMP Comments; did not add much more to this.

Finally, I personally feel that we need to be aware that this is a problem for society. They seem to be trying to turn it into a medical problem, as it does (of course) have medical consequences. In fact, if people all choose to live on fries and Big Macs and then get huge and then have high blood pressure, high lipid levels, risk diabetes etc, then this is a decision that they make. It seems that they want to be able to eat all that they want and then come to us to ask for a slimming pill! I think that Obesity is something that society has to deal with.

In a recent article in the source, it is mentioned that we live in an "obesogenic society". It would seem to me that if people want to eat all the wrong foods and have no exercise then they have to expect to get fat. This is a life decision for adults. In children, it is not right for the parents to feed them a lot of unhealthy food and allow them to get fat. In the UK this is now being regarded more as abuse. I feel that education is needed for a lot of this. We also have discussed dieticians several times with the HSSD and as the current arrangements are, we cannot refer to dieticians. Only secondary care can do that. I personally feel that there are a lot of people who really do not know or realise that a lot of what they are eating is so bad for them. Education has to be a big part in getting this sorted out, and we need to be able to refer them to dieticians as they will need some help.

As I say, sorry that this has taken so long to get back to you and I hope that this will help. If you need more detail then please let me know.

Very many thanks

Yours sincerely

PP

Dr Ian B Gee
Chairman Primary Care Company Limited

Sunshine Nursery and Preschools
Cordier Hill
St Peter Port
GY1 1JL

Tel; 01481 720063
Mob:07781 154927

10th September 2008

Dear Dr David Jiffs

Thank you for asking my views on the Guernsey Obesity Strategy Report to be considered by the States in November 2006, particularly on recommendation 9.

As a proprietor for over 20 years of Preschools (2 to 5yrs old) on the Island and a busy Nursery (6weeks to 5 year olds) for 4 years, I know how important it is in these early years of a child's life to shape lifelong attitudes to an active and healthy eating life style

I therefore strongly recommend that Early Years settings follow the recommendations of the NICE guidance report (2006) on preventing obesity.

In these settings adequate and enjoyable active physical play should be encouraged. Also staff should (with liaison with parents or carers) ensure children eat healthy and regular meals in a pleasant and socialable environment. .

I do hope these comments are useful to you and please feel free to get in touch with me if I can help again.

Yours sincerely

Mrs Rachael J Hockey SRN

Ambulance & Rescue Service
Guernsey

Ambulance Station,
Guernsey,
Channel Islands,
GY1 1YN.

Administration:
Tel. +44 (0) 1481-723866.
Fax +44 (0) 1481-716030.

Operational Calls:
Tel. +44 (0) 1481-725211.
Fax +44 (0) 1481-714963.

Health Care
Equipment Centre:
Tel. +44 (0) 1481-729268.
Fax +44 (0) 1481-700947.

Our ref: JB/jmp/68/08

19 November 2008

Mrs L Whitman
Health Promotion Officer (Obesity)
Health & Social Services Department
Corporate Headquarters
Le Vauquiedor
St Martins
GY4 6UU

Dear Lucy

Re: Draft Guernsey Obesity Strategy

Thank you for the opportunity to comment on the draft Guernsey Obesity Strategy. May I compliment you on such a comprehensive and well structured document outlining the Strategy for dealing with this important issue.

I do not feel qualified to make any further comments on the Strategy document, but I would thank you for extending your consultation to the Ambulance & Rescue Service.

Yours sincerely

J. Plumridge

PP Jon Beausire
Chief Ambulance Officer

(NB The Policy Council supports the proposals and endorses the comment made by the Treasury and Resources Department.)

(NB The Treasury and Resources Department supports the proposals noting that some can be implemented immediately by prioritising existing resources. However it must be emphasised that those proposals which require new funding will need to be put on hold until such time as the States agrees to prioritise the necessary funds.)

The States are asked to decide:-

XVII.- Whether, after consideration of the Report dated 23rd September, 2009, of the Health and Social Services Department, they are of the opinion:-

1. To support the need for a Guernsey Obesity Strategy.

2. To support the individual recommendations summarised in paragraphs 59 - 85 of that Report being implemented as and when resources allow.

3. To require the individual departments identified in the strategy to report at least annually to the Obesity Strategy Group on progress made in achieving the agreed recommendations and to request non-States bodies to do the same.

4. To direct the Treasury and Resources Department, when resources are available and following the direction of the States Strategic Plan, to establish an Obesity Strategy budget, to be a separate part of the HSSD budget, managed by the cross-department officer level obesity group, which will report to the Social Policy Group.

5. To request the Treasury and Resources Department to take account of the resource requirements identified for the Obesity Strategy when recommending to the States revenue budgets for future years;

6. To require the Health and Social Services Department to report to the States, within 5 years, summarising progress in achieving the recommendations of the Guernsey Obesity Strategy and making recommendations for further action.

HOME DEPARTMENT

AMENDMENTS TO DATA PROTECTION LEGISLATION

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St. Peter Port

25th September 2009

Dear Sir

1. EXECUTIVE SUMMARY

1.1 This report sets out proposals to introduce custodial penalties under the Data Protection (Bailiwick of Guernsey) Law, 2001('the Law') for those who seek to deliberately and wilfully misuse personal data.

1.2 These proposals go further than those approved by States Resolution on 27th September 2006 and take account of key developments since that time, namely:

(a) The launch of a consultation exercise by the Department for Constitutional Affairs ('the DCA') on proposals to increase the penalties for the deliberate and wilful misuse of personal data, and the subsequent publication of the consultation's findings.

(b) The prosecution of a Guernsey police officer under Section 55 of the Law and also The Computer Misuse (Bailiwick of Guernsey) Law, 1991.

1.3 This Report concludes with the recommendation that custodial penalties are introduced under Section 55 of the Law, and further that the level of penalties set out by the Data Protection Commissioner are approved as the appropriate means by which to deter future wilful misuse of personal data and to maintain public confidence that sensitive personal information is handled with appropriate safeguards to prevent unlawful disclosure or use.

2. BACKGROUND

2.1 In February 2007, the DCA published the findings of a consultation exercise on proposals to increase the penalties for the deliberate and wilful misuse of personal data.

2.2 This report concluded that

> "*the introduction of custodial penalties will be an effective deterrent to those who seek to procure or wilfully abuse personal data, as agreed by the majority of respondents. It is clear that current financial sanctions are not solely a sufficient deterrent to those engaged in the illegal trade in personal information*."

2.3 Accordingly, the report recommended that the current sentencing powers under Section 60 of the Data Protection Act 1998 ('the DPA') –

(a) On summary conviction, a fine not exceeding the statutory maximum (*currently £5,000*); and

(b) On conviction on indictment, to an unlimited fine;

be amended to allow for – in addition to the current fines –

(a) On summary conviction, up to 6 months imprisonment; and

(b) On conviction on indictment, up to 2 years imprisonment.

2.4 The Report further concluded that

> "*The suggested sentence lengths are appropriate, and commensurate with the seriousness of the offence. It is crucial that there is consistency across all pieces of legislation which deal with offences of this nature. The DPA, as the central piece of legislation which governs the processing of personal data and applies to both the public and private sectors, should be amended to allow for comparable sanctions*."

2.5 The Report indicated that Her Majesty's Government would seek to introduce legislation as soon as parliamentary time permitted.

3. PROPOSALS FROM THE DATA PROTECTION COMMISSIONER

3.1 In a letter to the Department dated 29th January 2007, the Data Protection Commissioner acknowledged the launch of the DCA's consultation paper on increasing the penalties for deliberate and wilful misuse of personal data and also a further key development since the September 2006 States Resolution involving the prosecution of a Guernsey police officer under The Computer Misuse (Bailiwick of Guernsey) Law, 1991 and Section 55 of the Data Protection (Bailiwick of Guernsey) Law, 2001.

3.2 The Data Protection Commissioner advised the Department that these developments had prompted him to propose an additional amendment to those

approved in September 2006 that would strengthen the penalties for contravention of data protection legislation.

3.3 The Data Protection Commissioner wrote to the Department in the following terms:

> *"The U.K. Department of Constitutional Affairs issued a consultation paper in July 2006 entitled "Increasing penalties for deliberate and wilful misuse of personal data". In that paper it was proposed to increase the penalty for those found guilty of offences under Section 55 of the Data Protection Act to a maximum of 2 years imprisonment on indictment and to six months imprisonment on summary conviction, in addition to the fines that are currently available.*
>
> *In January of this year a serving Guernsey policeman was convicted of offences under the Computer Misuse Law and Section 55 of the Data Protection Law.*
>
> *The penalty for unauthorised access to a computer system under Section 1 of the Computer Misuse (Bailiwick of Guernsey) Law, 2001 is:*
>
> > *On summary conviction, imprisonment for up to six months and a fine up to level 5;*
> >
> > *On conviction on indictment, imprisonment for up to five years together with a fine.*
>
> *However, the penalty for the unauthorised disclosure of data under Section 55 of the Data Protection (Bailiwick of Guernsey) Law, 2001 is stated in Section 60 as:*
>
> > *On summary conviction, a fine up to level 5;*
> >
> > *On conviction on indictment, a fine.*
>
> *In this case, and undoubtedly many others, it could be argued that the real damage arose from the disclosure of information rather than the mere access to information. However, because the penalty for access is greater than that for disclosure, the prosecution concentrated upon the alleged Computer Misuse offences rather than the Data Protection offences and, indeed, the defendant admitted one of the Data Protection offences as it appeared to be a 'lesser charge'.*
>
> *It is my opinion that the penalties for the unauthorised disclosure of personal data under the Data Protection Law should parallel those for unauthorised access under Section 1 of the Computer Misuse Law. Such an amendment would also reflect the proposals set out in the*

Department of Constitutional Affairs' consultation document. Furthermore, I believe that, given the high level of sensitive personal information handled within many sectors of the Island's economy, the closer alignment of the penalties for these two offences would assist the Police and the Law Officers in the investigation and prosecution of offences.

3.4 The Data Protection Commissioner accordingly recommended that the Law Officers be asked to draft an amendment to the Data Protection (Bailiwick of Guernsey) Law, 2001 in the following terms:

A person guilty of an offence under Section 55 of the Law is liable:

(i) On summary conviction, to imprisonment for a term not exceeding six months, to a fine not exceeding level 5 on the uniform scale or to both;

(ii) On conviction on indictment, to imprisonment for a term not exceeding two years, to a fine or to both."

4. CURRENT STATUS OF UK LEGISLATION

4.1 The UK Government's proposals were incorporated into Section 77 of the Criminal Justice and Immigration Act 2008, which provided that:

(1) The Secretary of State may by order provide for a person who is guilty of an offence under Section 55 of the Data Protection Act 1998 (unlawful obtaining etc. of personal data) to be liable —

(a) on summary conviction, to imprisonment for a term not exceeding the specified period or to a fine not exceeding the statutory maximum or to both,

(b) on conviction on indictment, to imprisonment for a term not exceeding the specified period or to a fine or to both.

(2) In subsection (1) (a) and (b) "specified period" means a period provided for by the order but the period must not exceed—

(a) in the case of summary conviction, 12 months (or, in Northern Ireland, 6 months), and

(b) in the case of conviction on indictment, two years.

4.2 This provision was, however, tempered by a defence for the purposes of journalism in Section 78 of the same Act:

In Section 55(2) of the Data Protection Act 1998 (defences against offence of unlawfully obtaining etc. personal data) after "it," at the end of paragraph (c) insert—

"(ca) that he acted—

(i) for the special purposes,

(ii) with a view to the publication by any person of any journalistic, literary or artistic material, and

(iii) in the reasonable belief that in the particular circumstances the obtaining, disclosing or procuring was justified as being in the public interest.

5. CONSULTATION WITH ST JAMES' CHAMBERS

5.1 The Department has consulted with St James' Chambers in relation to the contents of this report.

5.2 Advice has been received that the proposed maximum custodial penalty on summary conviction of six months, recommended by the Data Protection Commissioner, is significantly less than the maximum custodial penalty of two years that the Magistrates Court can impose under the new Magistrates Court (Guernsey) Law, 2008 where no specific penalty is specified in the legislation. Accordingly, it was advised that it would be preferable for the maximum custodial sentence on summary conviction to be increased to twelve months so as not to dilute overly the intended effect of the 2008 Law in increasing the Magistrates Court jurisdiction. It was recommended that the provision for conviction on indictment remain so that serious cases could be heard by the Royal Court but it was felt that it was suitable for the maximum custodial penalty on such conviction on indictment to remain at two years as provided for in the UK.

6. HOME DEPARTMENT'S RESPONSE

6.1 The Department is of the view that equivalent amendments as set out in 4.1 and 4.2 should be made to the existing data protection legislation. The Home Department is accordingly recommending an increased maximum detention period in line with that provided for in other similar legislation and in accordance with the recommendation of St. James' Chambers in relation to summary conviction before the Magistrates Court. The Data Protection Commissioner has raised no objections to this recommendation.

6.2 The Department believes that it is appropriate to increase the penalties available to the courts as in order to provide:

(a) Robust protection for personal data, particularly at a time when the incidents of identity fraud appear to be increasing;

(b) Confidence for the public in the lawful sharing of data and deterring, and appropriately punishing those who seek knowingly or recklessly to disclose or procure the disclosure of confidential personal information without the consent of the data controller;

(c) Public reassurance that those who are successfully prosecuted may, dependent on the gravity of the offence, be sent to jail; and

(d) Alignment of the sentencing powers across a number of other pieces of legislation, including the Computer Misuse (Bailiwick of Guernsey) Law, 2001, which deal with similar types of offences involving the misuse of sensitive personal information.

7. RESOURCES

7.1 The Home Department does not believe that the proposed changes would result in a request for additional resources for either within the Department or the Data Protection Commissioner's office.

8. CONCLUSION

8.1 The Department recognises that custodial sentences are the ultimate deterrent sentence that the courts are able to use, and believes that the amendments proposed in this Report will serve as a greater deterrent to those engaged in the trading of personal information than the current punishments available to the courts.

8.2 The Department believes that the level of the penalties set out in the Data Protection Commissioner's letter should provide an appropriate level of deterrent and maintain public confidence that sensitive personal information was being handled with appropriate safeguards to prevent unlawful disclosure or use.

9. RECOMMENDATIONS

9.1 The Department recommends the States to:

(a) approve the introduction of custodial penalties under Section 55 of the Data Protection (Bailiwick of Guernsey) Law, 2001 and the amendments to the Law along the lines set out in 4.1 and 4.2 subject to the penalties being as set out in paragraph (b);

(b) approve the following level of penalties:

(i) On summary conviction, to imprisonment for a term not

exceeding twelve months, to a fine not exceeding level 5 on the uniform scale or to both;

(ii) On conviction on indictment, to imprisonment for a term not exceeding two years, to a fine or to both.

and;

(c) direct the preparation of legislation thereto.

Yours faithfully

G H Mahy
Minister

(NB The Policy Council has no comment on the proposals.)

(NB The Treasury and Resources Department has no comment on the proposals.)

The States are asked to decide:-

XVIII.- Whether, after consideration of the report dated 25th September, 2009, of the Home Department, they are of the opinion:-

1. To approve the introduction of custodial penalties under Section 55 of the Data Protection (Bailiwick of Guernsey) Law, 2001 and the amendments to the Law along the lines set out in 4.1 and 4.2 of that Report subject to the penalties being as set out in proposition 2.

2. To approve the following level of penalties:

   (i) On summary conviction, to imprisonment for a term not exceeding twelve months, to a fine not exceeding level 5 on the uniform scale or to both;

   (ii) On conviction on indictment, to imprisonment for a term not exceeding two years, to a fine or to both.

3. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

HEALTH AND SOCIAL SERVICES DEPARTMENT

THE CHILDREN (GUERNSEY AND ALDERNEY) LAW 2008:
(AMENDMENTS AND ORDINANCES)

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

28th September 2009

Dear Sir

1. EXECUTIVE SUMMARY

Following the approval by the States and the States of Alderney last year of the Children (Guernsey and Alderney) Law 2008 (referred to here as 'the Children Law') much work has been undertaken in order to enable the Children Law to be commenced and its provisions implemented as soon as reasonably practicable. During the course of that work, it has become apparent that some minor, but necessary, changes (from the version approved in 2008) to the Children Law will be required, and some additional policy issues, not mentioned in the Billet D'Etat of October 2004, when the original proposals for the legislation were approved, will now need to be considered. This report seeks approval of those changes and the additional policy matters.

2. BACKGROUND

The new Children Law was approved at the States meeting on 30 January 2008 and by the States of Alderney at their meeting on 19 March 2008. This was the culmination of a process of research, drafting and widespread consultation that had taken more than six years. Proposals for the Law were set out in Billet d'État XVII of 2004 and approved by the States by Resolution on 28th October 2004. As well as the 147 pages in that Billet, much of the detail of the Health and Social Services Department's (HSSD's) proposals was set out in a series of public consultation documents published in 2003 and specifically referred to in the Billet where relevant.

The new Children Law brings major reform to many areas affecting children and families in Guernsey and Alderney. It makes changes to the law relating to parental responsibilities and child protection in order to ensure, amongst other things, better compliance with international human rights law and practice.

The biggest single change will be the replacement of court proceedings by hearings before the Child, Youth and Community Tribunal (CYCT), a lay tribunal to deal with most cases where children offend against the criminal law and/or are at risk of harm.

Work towards implementation of the new Children Law has been underway for some time. Perhaps the most significant development has been the appointment of the Children's Convenor (in essence, the gate-keeper to the CYCT) and the recruitment and training of the CYCT members; an excellent range of highly motivated volunteers has now been appointed and they are keen to begin work. Another body which has been set up, and which has in fact begun to function in advance of the Law coming into force, is the Safeguarder Service, which provides expert and independent reports on a child's best interests in court and CYCT proceedings.

A number of issues, essential for the new Children Law to function in practice, were provided for in the primary legislation, with the detail being reserved for Ordinances, Departmental Regulations and Court Rules. Preparation of this secondary legislation, together with up-dating of various practices and procedures, has also been underway over the past two years.

The new Children Law was finally approved by the Privy Council in June, and the proposed date for commencement is 4th January 2010. Since the original policy proposals were approved, there has been the opportunity to learn, both from new developments in the UK (which has brought into effect several significant pieces of legislation affecting children and their parents), and from testing how the new Law is likely to work in practice. Inevitably, this means that in order to achieve the best possible for Guernsey and Alderney's children and families, some deviation from and refinement of the original proposals approved by the States is necessary.

The purpose of this report is to seek States' approval of the additional or varied policy matters.

3. CHANGES TO THE CHILDREN (GUERNSEY AND ALDERNEY) LAW 2008

(a) SECURE ACCOMMODATION

Among the most fundamental of the amendments to the policies approved by the States in 2004 is that relating to secure accommodation detention periods.

In the 2004 Billet (Part 6 of the Report), it was envisaged that the maximum period that a court could authorise keeping a child in secure accommodation on welfare grounds would be eight days at any one time, but that authorisation of extensions could be granted, up to an overall maximum of twenty-eight

consecutive days. The Billet proposed that, in exceptional circumstances, the maximum period could be extended to an absolute maximum of 56 days.

Serious problems have been seen to arise in respect of these short timescales. Very frequent court proceedings not only prevent children settling into a placement, they also tie up professional social work time that could much more effectively be engaged in working with and for the child. Short periods of placement also increase the risk that children who require a secure environment may nonetheless be released prematurely, at possible risk of danger to themselves or others.

It is, therefore, proposed that the initial maximum period of placement should be 28 days, with an overall maximum of three months for a placement within the specialist secure accommodation unit in Guernsey. This is in keeping with provision in the rest of the British Isles (including Jersey and the Isle of Man).

As detailed in the 2004 Billet, occasionally the Guernsey unit proves to be inappropriate where a child requires specialist and/or longer term placement. As provided for in the Billet, placements out of the jurisdiction, usually in England, may be for a longer maximum period of up to six months (renewable).

It should be noted that under the Law there are safeguards to ensure that children are not detained for longer than is absolutely necessary. These include:

i. The possibility that the court can make a shorter order if the judge thinks it appropriate.

ii. The fact that the orders are permissive: i.e. they do not require the HSSD to keep the child in secure accommodation for the prescribed period, but simply authorise it to do so. Thus, the child may be released from secure accommodation within the period authorised and must be released, or the matter returned to court, if the criteria no longer apply.

iii. Review provisions (to be set out in Part VII of the Children (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance 2009) specify that a Secure Review Panel, in addition to the court, must regularly scrutinise the placement to check that the criteria for keeping the child in secure accommodation still apply, and whether alternative accommodation would be more appropriate. This panel comprises two members of the HSSD and an independent representative.

The HSSD, therefore, recommends that the States approve the maximum detention periods as proposed above.

(b) OTHER MISCELLANEOUS CHANGES

Aside from the detention periods issue referred to above, numerous other necessary policy developments in relation to the Children Law have been

identified. Many are minor or textual in nature, and do not depart in any significant way from the policy direction approved by the States in 2004, and these have not been detailed in this report.

Some, however, are considered of sufficient policy importance to merit explanation in this report, as set out below.

(i) Children's Convenor and Tribunal Board

As originally conceived, the CYCT would have been part of an over-arching, States-wide tribunal service, which would have provided administrative, training and other support. As this service has not materialised, administrative and other services to the Tribunal will be provided by the Children's Convenor Board, which has been operating in a designate capacity since May 2008. It is proposed to change the name of the Board to reflect its expanded role and to amend section 31 of the Children Law in order to include an additional function requiring it to assist the President of the CYCT with the carrying out of his functions as and when requested.

(ii) Interim care requirements

Under the Children Law, the CYCT may, if satisfied as to a number of criteria, make a "care requirement", which is an order placing a child under the supervisory care of the States. It may also make an interim care requirement under section 44(2) of the Law but, as drafted, that provision prevents the making of an interim care requirement where there are disputed issues of fact (which must be adjudicated by a court). It is proposed to amend the subsection so that an interim care requirement can be made even if some facts are disputed where, amongst other things, the Tribunal is satisfied that the welfare of the child requires immediate action to be taken. This change will ensure that even where resolution of a disputed fact is outstanding, the CYCT may make a protective order if it is necessary to protect the child.

(iii) Definition of assisted reproduction in Law

Section 109 of the Children Law enables the States by Ordinance to make provision relating to the parentage of children born as a consequence of assisted reproduction or pursuant to a surrogacy arrangement. The policy concerning the making of such an Ordinance is dealt with later in this Report. Whilst preparing the draft Ordinance, it became apparent that the definition of "assisted reproduction" ought to be expanded in order to ensure that it was not limited to "medical techniques" (which is the wording in the current definition) but to include "medical, scientific or technical procedures".

It is proposed that the definition of "assisted reproduction" is amended as outlined above, given that, increasingly, assisted reproductive technology is not always undertaken by medical personnel. This proposed change clarifies that

not only strictly medical procedures are caught by the definition so that the power to regulate effectively under the Ordinance making power is as wide as is now necessary.

(c) SAFEGUARDER SERVICE

Part 9 of the Report produced in the 2004 Billet dealt with the establishment of an independent Safeguarder Service ('the Service') to provide expert, independent advice to the courts, CYCT and Children's Convenor in a wide range of children matters, including adoption, child protection and disputes between parents. This replaced the court welfare service which had developed within the former Children Board, and provided court reports in private family law cases (e.g. access and custody) but not in public law matters (child protection cases) or adoptions.

The 2004 Report proposed that the Service would operate under the auspices of the Royal Court. However, there are concerns that the Service may not be perceived as being sufficiently independent whilst it has such a direct link with the Royal Court.

It is now proposed that the Service operate under the Home Department, with an Advisory Committee. The Advisory Committee will consist of key stakeholders and will advise on policies and procedures and ensure arrangements are in place for monitoring the effectiveness of the Service. While this is not a legislative matter, nonetheless the opportunity is being taken within this report to provide an update as to the current position on this topic.

4. ASSISTED REPRODUCTION – PROPOSED ORDINANCE PROVISIONS

The report contained within the 2004 Billet outlined, in Part 10, the need for a provision to clarify issues of parentage in some cases of assisted reproduction. It acknowledged that this is a complex area and recommended that further legislation should be introduced after a period of research and consultation.

Need for provision

A small number of children are born in the Bailiwick, or to Bailiwick residents through assisted reproduction. At present, there is no legal provision dealing specifically with the status of donor-conceived children and their intended 'parents', leaving such families in an indeterminate legal state. The default position in the new Children Law (section 2(3)) is:

- "the father of a child means the genetic father of that child…" and
- "the mother of a child means the woman who gave birth…"

In the absence of the proposed provisions, the father of a child born as a result of donor sperm would be the sperm donor, or the child would have no legal father where the donor's identity is unknown. This is clearly an unsatisfactory situation. It is important that the States clarify the circumstances in which the status of parenthood is acquired and for the legal status of the child born as the result of assisted reproduction to be established and clear. The proposed Ordinance will address this.

The position in the United Kingdom

In the UK, the Human Fertilisation and Embryology Acts (HFEAs) of 1990 and 2008 make provision for parentage in cases of assisted reproduction, and they also regulate surrogacy, in conjunction with the Surrogacy Arrangements Act 1985. The proposed Ordinance is broadly in line with those provisions.

What the Ordinance will cover

Subject to States approval of this report, it is proposed that the Assisted Reproduction (Parentage) (Guernsey and Alderney) Ordinance, 2009 will make very limited provision, simply to deal with issues of parenthood in some circumstances, and to provide some regulation of assisted reproduction in Guernsey and Alderney.

The Ordinance provides as follows:

- In cases of conception using donor sperm:
    - Where a couple are married, the husband will be the father of the child unless he did not consent to the insemination or to being the child's father.
    - Where a man and woman are not married, the man will be the father where conception is a result of treatment by an 'approved service provider' (see definition below) and they have both given written consent to the man being treated as the father.
    - A man who is treated as the father under the above provision will be the father for all purposes, including inheritance.
- In a case where a man has died prior to insemination, but his sperm has been stored and is subsequently used in assisted reproduction, he will be treated as the father of the child where the woman requests this and the man gave written consent prior to his death. In such a case, the man will only be the father for the purpose of registration of birth; there will not, for example, be implications for inheritance, in the absence of very specific provision in a will.

- An 'approved service provider' is:

    - Someone in Guernsey or Alderney approved by order of the HSSD to provide assisted reproduction services.

      [NB: it is anticipated that medical personnel providing these services will be approved, on condition they follow guidance issued by the HSSD, which will be modelled on guidelines used under the HFEAs.]

    - Anyone licensed under the HFEAs or similar legislation anywhere else in the British Isles.

    - Anyone licensed to provide assisted reproduction services under the laws of any other country which is specifically approved by an order made by the HSSD.

- The Ordinance will apply when:

    - The treatment that resulted in the conception took place after the date the Ordinance comes into force, and

    - At the time of the birth, the mother or proposed father is ordinarily resident in Guernsey or Alderney.

Public consultation on this topic was undertaken in 2003/4, and the outcome of this was detailed in the 2004 Billet.

A more in depth consultation, making specific proposals along the lines of the draft Ordinance, was undertaken in 2008, when an outline Ordinance and accompanying paper "Who are Mum and Dad?" (February 2008) was sent to various interested parties.

The overall view from the responses was that some kind of regulation was necessary to ensure that children affected did not fall into an indeterminate legal state.

The States are asked to approve that the parentage of children born as a consequence of assisted reproduction or surrogacy arrangements should be determined in accordance with the principles set out above.

5. RECOMMENDATIONS

The Health and Social Services Department recommends the States:

i) to approve the following proposals as set out in this report –

(a) that the Children (Guernsey and Alderney) Law, 2008 is amended as indicated in Part 3 of this report,

(b) that the requirements relating to maximum periods for which a child should be held in secure accommodation should be as indicated in Part 3 of this report;

(c) that the parentage of children born as a consequence of assisted reproduction or surrogacy arrangements should be determined in accordance with the principles set out in Part 4 of this report;

ii) to approve the preparation of such legislation as may be necessary to implement the foregoing proposals.

Yours faithfully

A H Adam
Minister

(NB The Policy Council has no comment on the proposals.)

(NB The Treasury and Resources Department has no comment on the proposals.)

The States are asked to decide:-

XIX.- Whether, after consideration of the Report dated 28th September, 2009, of the Health and Social Services Department, they are of the opinion:-

1. (1) That the Children (Guernsey and Alderney) Law, 2008 is amended as indicated in Part 3 of that Report;

   (2) that the requirements relating to maximum periods for which a child should be held in secure accommodation shall be as indicated in Part 3 of that Report;

   (3) that the parentage of children born as a consequence of assisted reproduction or surrogacy arrangements shall be determined in accordance with the principles set out in Part 4 of that Report.

2. To direct the preparation of such legislation as may be necessary to give effect to their above decisions.

ORDINANCE LAID BEFORE THE STATES

THE JUDGEMENTS (RECIPROCAL ENFORCEMENT) (AMENDMENT) ORDINANCE, 2009

In pursuance of the provisions of the proviso to Article 66 (3) of the Reform (Guernsey) Law, 1948, as amended, the Judgements (Reciprocal Enforcement) (Amendment) Ordinance, 2009, made by the Legislation Select Committee on the 12th October, 2009, is laid before the States.

STATUTORY INSTRUMENT LAID BEFORE THE STATES

THE UNCERTIFICATED SECURITIES (GUERNSEY) REGULATIONS, 2009

In pursuance of Section 3 (2) (c) of the Uncertificated Securities (Enabling Provisions) (Guernsey) Law, 2005, the Uncertificated Securities (Guernsey) Regulations, 2009, made by the Commerce and Employment Department on 8th September, 2009, are laid before the States.

EXPLANATORY NOTE

These Regulations provide for title to securities to be evidenced and transferred by means of a computerised settlement system without a written instrument. The power to make these regulations is set out in the Uncertificated Securities (Enabling Provisions) (Guernsey) Law, 2005.

THE INCOME TAX (DEEMED DISTRIBUTIONS) (EXEMPTIONS) REGULATIONS, 2009

In pursuance of Section 62A (4) of the Income Tax (Guernsey) Law, 1975, as amended, the Income Tax (Deemed Distributions) (Exemptions) Regulations, 2009, made by the Treasury and Resources Department on 6th October, 2009, are laid before the States.

EXPLANATORY NOTE

These Regulations specify a further exemption from the charging regime for deemed distributions established by Chapter VIIIA of the Income Tax (Guernsey) Law, 1975, as amended by the Income Tax (Zero 10) (Guernsey) Law, 2007 and the Income Tax (Zero 10) (Guernsey) (No. 2) Law, 2007. The exemption applies in respect of companies which elect to distribute not less than 65% of their trading profits in accordance with these regulations.

Guernsey Retail Prices Index

Quarter 3 - 30 September 2009

Issue Date - 21st October 2009

POLICY COUNCIL
THE STATES OF GUERNSEY

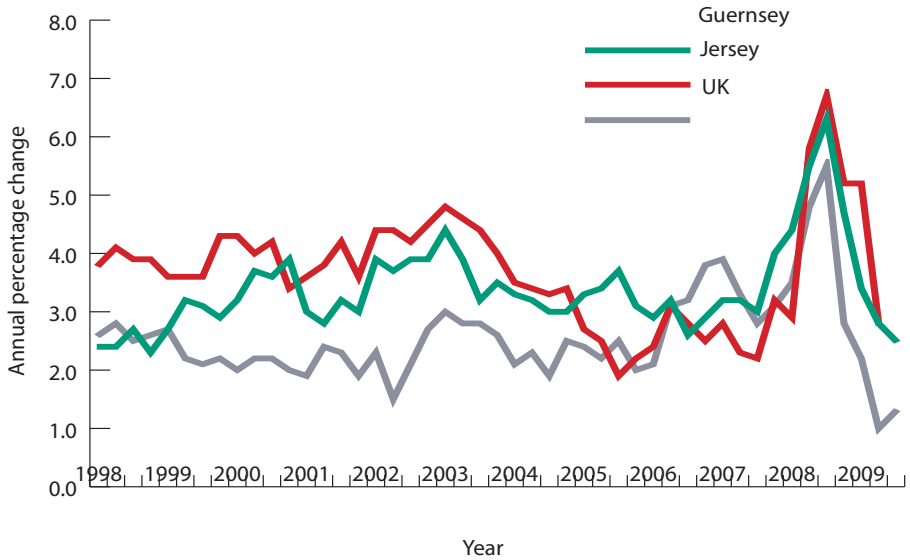
Introduction

The Guernsey Retail Prices Index (GRPI) is the measure of inflation used in Guernsey. It measures the change in the prices of goods and services bought for the purpose of consumption or use by households in Guernsey. It is published quarterly by the States of Guernsey Policy and Research Unit. The calculation of the GRPI is based on the price change of items within a 'shopping basket'. Whilst some prices rise over time, others will fall or fluctuate and the Index represents the average change in these prices. More detailed information on the RPI and its calculation can be found at the end of this handout.

Headlines

- **Guernsey's RPIX ("core" inflation excluding mortgage interest payments), was 2.4% this quarter, compared to 2.7% at the end of June 2009 and 6.2% at the end of September 2008.**
- **At the end of September 2009 Guernsey's RPI was -1.2%, compared to -1.3% at the end of June 2009 and 5.9% at the end of September 2008.**
- **In the UK the equivalent RPI X figures for the end of September 2009 was 1.3% (see *Figure 1*). Similarly the UK rate of RPI at the end of the third quarter was -1.4%.**
- **The Housing group contributed a decrease of -2.5 percentage points to the annual RPI as a result of the decreases in mortgage interest rates over the first two quarters of the year ending 30th September 2009**
- **The Clothing, Fares and Other Travel and Leisure Goods groups also contributed a decrease to the annual change.**
- **However, the remaining eleven of the fourteen RPI groups increased or remained stable over the year ending 30th September 2009: the Household Services and Alcohol groups contributed the largest increases.**
- **The Index stood at 141.1 (1999 base).**

Figure 1: Annual Rates of Inflation - RPI X



APPENDIX II

HOME DEPARTMENT

DATA PROTECTION ANNUAL REPORT, 2008

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

24th September 2009

Dear Sir

I enclose the Annual Report from the Data Protection Commissioner setting out the activities of his office for the year ended 31 December 2008.

The Report is prepared in accordance with the Commissioner's responsibilities under paragraph 5 of Schedule 5 to the Data Protection (Bailiwick of Guernsey) Law, 2001.

The Report also includes a statement of accounts as required by paragraph 3(b) of the above Schedule to the Law.

The Home Department is pleased to support the work of the Commissioner and his office and recognises that high standards of data protection continue to be essential in ensuring the international reputation of the Bailiwick in this field.

Section 52(b) of the Law requires the report to be laid before the States. I should therefore be grateful if you would arrange for its publication as an Appendix to the November 2009 Billet d'Etat.

Yours faithfully

G H Mahy
Minister

BAILIWICK OF GUERNSEY

DATA PROTECTION COMMISSIONER REPORT FOR 2008

MISSION STATEMENT

The Data Protection Office will encourage respect for the private lives of individuals by:

- *promoting good information handling practice,*
- *enforcing data protection legislation and*
- *seeking to influence national and international thinking on privacy issues.*

Front Cover: Hemisphere of the Council of Europe, venue for the 30th International Conference of Data Protection and Privacy Commissioners, Strasbourg.

CONTENTS

FOREWORD

I am pleased to present my eighth annual report to the States of Guernsey, covering the calendar year 2008.

The succession of high profile data breaches in the UK during the year served to raise the national profile of data protection considerably and, in the words of the UK Commissioner: "Data Protection is being taken seriously at last".

Locally, whilst the breach of security of the States' website provided unwelcome publicity for the States, it did provide additional publicity for the work of this office; however, the investigation of the breach itself took up a considerable amount of time and resources during the year with further follow-up activities continuing during 2009.

As a consequence, expenditure for 2008 exceeded budget, but the eventual outcome was beneficial in that the level of technical security and the awareness of data protection within the States have both increased.

Privacy considerations for users of social networking continued to cause concern and those concerns were justified as social networking sites themselves began to be targeted by identity thieves. The privacy risks of social networking have received both local and international publicity.

In April, the UK Commissioner initiated a review of the 1995 European Union Data Protection Directive; this report will be published in 2009 and be covered in my next annual report. The ICO review was followed by an announcement of a similar review by the European Commission. Any proposed changes to the Directive are likely to take a number of years to come to fruition, but could well influence the future direction of legislation within the Bailiwick. I will keep the situation under review and advise the States accordingly.

Internationally, moves were initiated at the 30th Commissioners' conference to establish a set of data protection and privacy standards for universal application.

The objectives of such standards, and of the more extensive standards being developed by the International Standards Organisation, to which my office is contributing, are to bridge the gaps that exist between the diverse approaches to privacy protection adopted in different parts of the world, thereby facilitating international transfers of personal data.

Data Protection Commissioner, May 2009.

DATA PROTECTION ISSUES

Amendments to the Law

The amendments to the Law that were approved by the States on 27th September 2006 have yet to be enacted. These amendments mirrored changes to UK legislation; subsequently, further amendments to the UK legislation have been made, including a strengthening of the powers of the Information Commissioner. Consequently, it is possible that a follow-up report with proposals for additional amendments to the Law may be submitted to the States during 2009.

States Website Data Breach

In March, 2008, the Guernsey Press published an article claiming that, as a result of an alleged vulnerability of the States of Guernsey website, personal data of care home residents and applicants for enrolment on the Electoral Roll were accessible on the Internet.

The existence of such vulnerability could have constituted a breach of the data protection principles, specifically principle 7, which requires data controllers to have adequate security in place.

The Commissioner engaged the assistance of PwC in conducting a thorough investigation of the allegation. His report[1] concluded that there had been a breach of the seventh data protection principle, in that insufficient security measures had been in place to protect the personal data of some care home residents and online Electoral Roll registrants.

The Commissioner concluded that, whilst technical responsibility for the breach lay with the Treasury and Resources Department, the Policy Council should share some of the responsibility by having failed to provide effective corporate guidance to departments on the management of confidential and personal information.

As a consequence, both the Council and the Department embarked on programmes to rectify the deficiencies that had been identified and agreed to advise the Commissioner of their progress on a regular basis.

The Treasury and Resources Department appointed an Information Security Officer and its Information Technology Unit embarked on a number of technical projects to improve the security and management of confidential and personal information. Funding restraints meant that some of these projects were not able to commence until 2009.

---

[1] http://www.gov.gg/ccm/home-department/data-protection/press-release/2008/commissioner-publishes-his-assessment-of-the-breach-of-the-states-website.en

The Policy Council advised the Commissioner that work had started on the development of corporate information management strategies in line with recommendations in the report.

The Commissioner will continue to liaise with the relevant States departments over the implementation of the recommendations arising from his report.

Data Subject Access to Health Records

Representatives of the medical profession contacted the Commissioner to enquire if anything could be done to address the problem of the high cost of responding to requests from patients to access their medical history.

It appeared that the information sought by a "subject access request" was often required in connection with litigation. In such circumstances it was often an individual's entire medical record that was requested.

The Law states quite clearly that an individual is entitled to be given a copy of information relating to him [or her] and regulations provide that a maximum fee of £10 may be charged for the provision of such information.

The level of fee was set at a level that would not deter genuine requests, but, in the case of medical records, quite clearly does not approach the cost of provision of an entire medical record.

In responding to this enquiry, the Commissioner researched the wording of the European Directive 95/46/EC, with which the Law is intended to be compliant. The 41st recital to the Directive states:

"... any person must be able to exercise the right of access to data relating to him which are being processed, in order to verify in particular the accuracy of the data and the lawfulness of the processing; ..."

Article 12 of the Directive provides that subject access: "... *shall be without constraint and at reasonable intervals and without excessive delay or expense".*

The Commissioner concluded that the principal purposes of the subject information provisions in the Law were to enable the applicant to check the accuracy of their personal data and that the processing was compliant with the Law.

In the Commissioner's opinion, the exploitation of the subject information provisions of the Law in connection with litigation is contrary to the primary purpose for which those provisions of the Law were drafted; hence, applicants for information which is required to support prospective legal action would be better advised to use document

discovery and to pay the actual costs incurred in the provision of the information.

Section 7(9) of the Law provides that it is ultimately for a court to order compliance where it is found that a data controller has failed to comply with a subject access request.

Accordingly, whilst he would always aim to act in support of genuine requests by individuals for information, he would be unlikely to use his enforcement powers in support of a subject access request, where the motivation of the request appeared to be concerned with fuelling separate legal action.

A guidance note on this topic was been prepared and discussed with the medical profession with a view to publication on the Commissioner's web site in 2009.

Surveillance by public bodies

Surveillance is now an inescapable fact of life. Each time we walk down the street, make a telephone call or surf the Internet, we are liable to be monitored, even if our actions are entirely lawful.

Governments around the world have gradually constructed elaborate surveillance régimes that would have been the envy of the former communist bloc countries of Eastern Europe. These actions, justified as necessary in the fight against terror, risk eroding those basic rights and freedoms that they are intended to protect.

Continued vigilance is needed to ensure that surveillance and monitoring is proportionate and necessary and that the data collected by these methods are not used for other unrelated purposes by government agencies.

A prime example is the use of CCTV for crime prevention purposes. Whilst it is true that many people feel safer if they know that the streets are protected by CCTV surveillance, others feel that their privacy is threatened. It is essential that the use of CCTV images is strictly controlled to ensure that it is limited to cases where the gathering of evidence in relation to criminal acts is required.

This topic remains under active consideration by data protection and privacy commissioners worldwide and in January 2009 the House of Lords Select Committee on the Constitution published a report entitled: "Surveillance: Citizens and the State"[2] , which detailed its concerns over the increasing use of surveillance by public bodies.

---

[2] Volume 1 : Report http://www.publications.parliament.uk/pa/ld200809/ldselect/ldconst/18/18.pdf and

Privacy Protection in Social networking

The popularity of social networking has continued to grow. Many people find that it offers a convenient way of keeping in touch with friends and publishing interesting family news amongst a closed networking community.

However, not everyone understands the privacy risks that are inherent in this use of this technology. Unless great care is taken to limit the scope of the sharing of information, personal and private facts, which were meant to be of limited circulation, could be published far and wide; once published, it can be virtually impossible to withdraw such information from the public domain.

In October, the Commissioner published guidance for individuals on how to protect their privacy on social networking sites such as Facebook.

The International Working Group on Data Protection in Telecommunications adopted a report on Social networking at its 43rd meeting in Rome on 3-4 March 2008, ("the Rome Memorandum")[3].

This report was adopted, in an amended form by the 30th International Conference of Data Protection and Privacy Commissioners at its meeting in Strasbourg in October.

More recently, it has come to light that social networking sites are facing the kinds of security attacks previously associated with email accounts. Accordingly, the adoption of precautions is becoming even more important.

A summarised version of the guidance published by the International Conference[4] is given below:

Volume 2 : Evidence
http://www.publications.parliament.uk/pa/ld200809/ldselect/ldconst/18/18ii.pdf

[3] Report and Guidance on Privacy in Social Network Services - "Rome Memorandum"
http://www.datenschutz-berlin.de/attachments/461/WP_social_network_services.pdf?1208438491

[4] http://www.privacyconference2008.org/adopted_resolutions/STRASBOURG2008/resolution_social_networks_en.pdf

Users of Social Network Services

1. Publication of information

Users of social network services should consider carefully which personal data – if any – they publish in a social network profile. They should keep in mind that they may be confronted with any information or pictures at a later stage, e.g. in a job application situation. In particular, minors should avoid revealing their home address or telephone number. Individuals should consider the usefulness of using a pseudonym instead of their real name in a profile. However, they should keep in mind that the use of pseudonyms offers limited protection, as third parties may be able to lift such a pseudonym.

2. Privacy of other individuals

Users should also respect the privacy of others. They should be especially careful with publishing personal information about somebody else (including pictures or even tagged pictures) without that other person's consent.

Providers of Social Network Services

1. Privacy regulations and standards

Providers operating in different countries or even globally should respect the privacy standards of the countries where they operate their services. To that end, providers should consult with data protection authorities as necessary.

2. User information

Providers of social network services should inform their users about the processing of their personal data in a transparent and open manner. Candid and intelligible information should also be given about possible consequences of publishing personal data in a profile and about remaining security risks, as well as about possible legal access by third parties (including e.g. law enforcement). Such information should also comprise guidance on how users should handle personal information about others contained in their profiles.

3. User control

Providers should further improve user control over the use of their profile data by community members. They should allow for restriction of visibility of entire profiles, and of data contained in profiles, and in community search functions.

Providers should also allow for user control over secondary use of profile and traffic data; e.g. for targeted marketing purposes. As a minimum, opt-out for general profile data, and opt-in for sensitive profile data (e.g. political opinion, sexual orientation) and traffic data should be offered.

4. Privacy-friendly default settings

Furthermore, providers should offer privacy-friendly default settings for user profile information. Default settings play a key role in protecting user privacy: It is known that only a minority of users signing up to a service will make any changes. Such settings must be specifically restrictive when a social network service is directed at minors.

5. Security

Providers should continue to improve and maintain security of their information systems and protect users against fraudulent access to their profile, using recognised best practices in planning, developing, and running their applications, including independent auditing and certification.

6. Access rights

Providers should grant individuals (regardless of whether they are members of the social network service or not), the right to access and, if necessary, correct all their personal data held by the Provider.

7. Deletion of user profiles

Providers should allow users to easily terminate their membership, delete their profile and any content or information that they have published on the social network.

8. Pseudonymous use of the service

Providers should enable the creation and use of pseudonymous profiles as an option, and encourage the use of that option.

NOTIFICATION

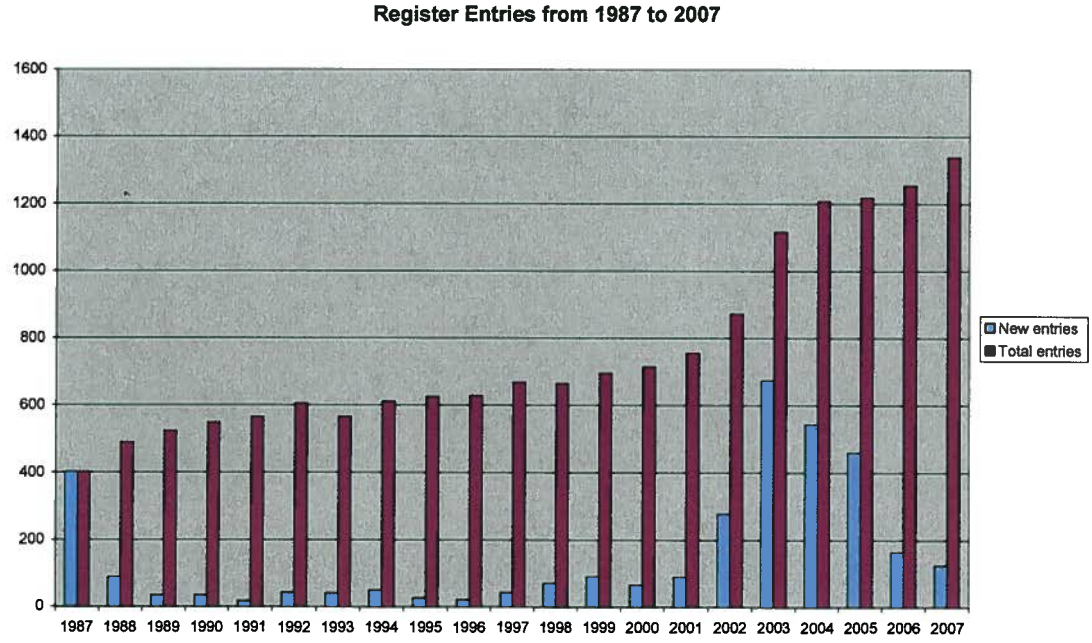
Section 17 of the Law requires Data Controllers to "Notify" the Commissioner of their processing of personal data. This Notification is on an annually renewable basis and covers all processing that is not exempt.

Exemptions from Notification exist for manual data, certain charitable and not-for-profit organisations and for the processing of data associated with the core business purposes of accounts, staff administration and marketing. However, exemption from Notification does not relieve a data controller from the requirement to conform to the data protection principles and the remainder of the Law.

The annual fee for Notification remained at £35 throughout the year, as the legislation increasing the fee to £50 was not enacted during 2008.

Register Entries

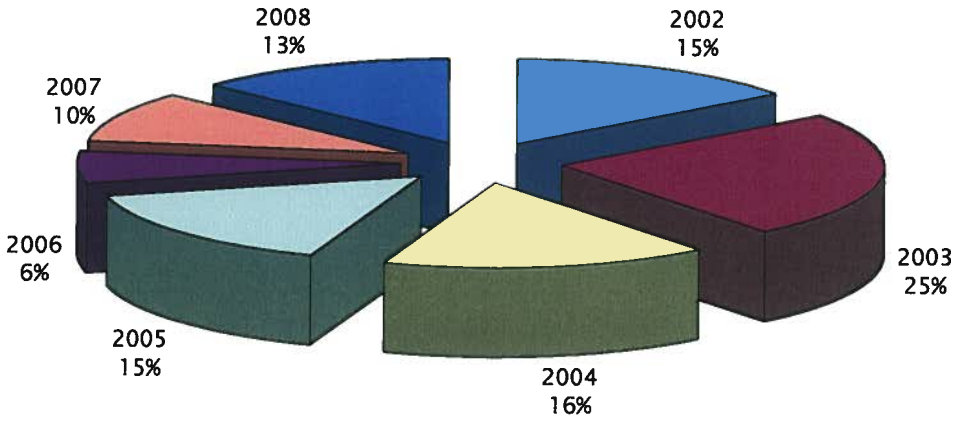
The chart below shows that the number of Register entries has continued to increase slowly.



By the end of December 2008, there were 1479 Notifications on the register, compared with 1356 at the end of 2007.

There were 208 new Notifications and 85 closures during 2008 - a net increase of 123, (compared with 158 new and 55 closures in 2006 - a net increase of 103). This increased number reflects the culmination of the Notification campaign which was begun in 2007.

Age of Current Notifications



It is interesting to note the spread of age of current Notifications over the seven year period since Notification commenced in 2002. An even spread would be represented by about 14.5% for each of the seven years. The spread is indeed fairly even, except for an above average number of Notifications originating in 2003, the first full year of Notification, and somewhat below average numbers originating in 2006 and 2007.

The scanning of the paper records of Notifications continued and by the end of 2008 over half of the current Notifications and associated correspondence had been scanned into the document management system. It has been possible to destroy the paper records of all closed Notifications, as scanned images of all of that data had been captured in the computer system in 2007.

It is planned to complete the electronic storage of historical Notifications during 2009.

Internet Statistics

This Notification site[5] is used both by those wishing to create and maintain their own Notification entries and by the staff of the Data Protection Office for administration.

Continuous statistics have been gathered over the past five years by the hosting service Eduserv; these show that approximately 38% of the Notification site accesses were for downloads of manuals and

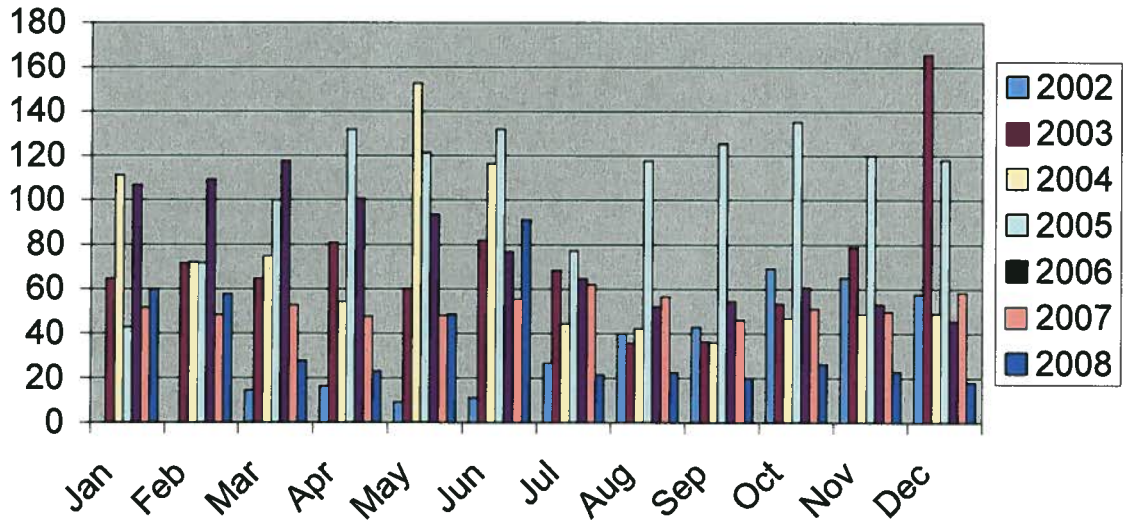
[5] http://www.dpr.gov.gg

information, 20% for administration purposes and the remainder (42%) for online notification activities and enquiries.

The chart below shows the variation in the average daily activity on the Notification site between the commencement of Notification in 2002 and December 2008; the vertical axis represents the average daily rate of successful requests for pages of data from the site each month.

The activity has settled at a lower level for the past two years by comparison with the peak years of 2003-2006, when the 800 historical Registrations under the 1986 Law were replaced by Notifications under the 2001 Law.

Notification Site Activity between 2002 and 2008



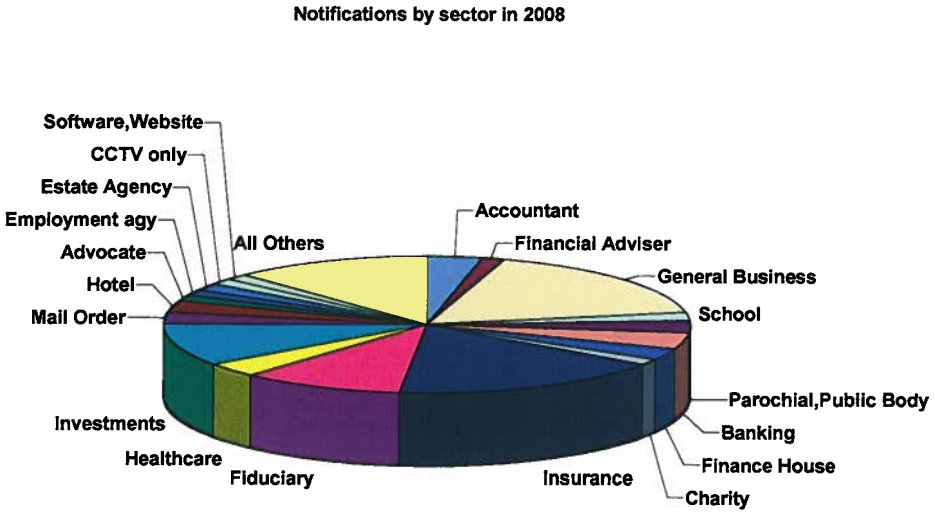
There were two significant maintenance incidents in 2008; the first was a fault in the automatic reminders facility and the second slow running due to the implementation of additional security features. Both of these incidents were resolved promptly by Eduserv.

Notifications by Sector

The Notification process requires data controllers to indicate the nature of their business activity. This requirement not only simplifies the process, as it allows for the generation of a standardised draft Notification based on a template, but also enables an indicative record to be maintained of the number of Notifications by industry sector.

The chart represents the breakdown of notification templates for 2008 by industry sector and shows little change from 2007.

There was a small growth in the investments category, reflecting the fact that more organisations have responded to the clarification from the Commissioner that, whilst in certain circumstances a management organisation may notify on behalf of its subsidiaries, each individual entity that is separately licensed by the Financial Services Commission should be separately notified.



Exemptions

Exemptions from the need to Notify may be claimed by those whose processing is limited to the core business purposes of accounts & records, staff administration and a limited amount of marketing to existing clients.

An exemption is also available to most voluntary organisations, charities and to those whose processing is limited to manual data. However, once CCTV is used by an organisation for the prevention and detection of crime, these exemptions from Notification are lost.

Organisations that are exempt may choose to Notify voluntarily, thereby relieving themselves of a responsibility to provide information on request under section 24 of the Law. The number of voluntary Notifications rose to 42 (3% of the total). Under current legislation, those who Notify voluntarily are liable to pay the fee, but this situation would change for Charitable organisations, under the amendments that have been approved by the States but not yet enacted.

In 2003, the Data Protection Office commenced the compilation of a list of those organisations that had informed the Commissioner that they were exempt from Notification and by the end of that year 303 organisations were so listed. The exempt list was primarily designed to assist in monitoring compliance and to avoid pestering those who had previously advised the Office that they were exempt.

During 2004, the exempt total rose to 447; in 2005, it fell to 441, in 2006 it rose to 446 and in 2007 the number fell to 384 representing 22% of the overall total [of 1722 exempt and notified organisations]. In 2008 it stood at 381. The decrease in the number of exempt organisations is due to some previously exempt organisations having subsequently notified and because some others are no longer trading.

The exempt list has not yet been published. It is currently under review by the Assistant Commissioner to eliminate some inaccurate and historical information and should be published on the Commissioner's website during 2009 when that review has been completed.

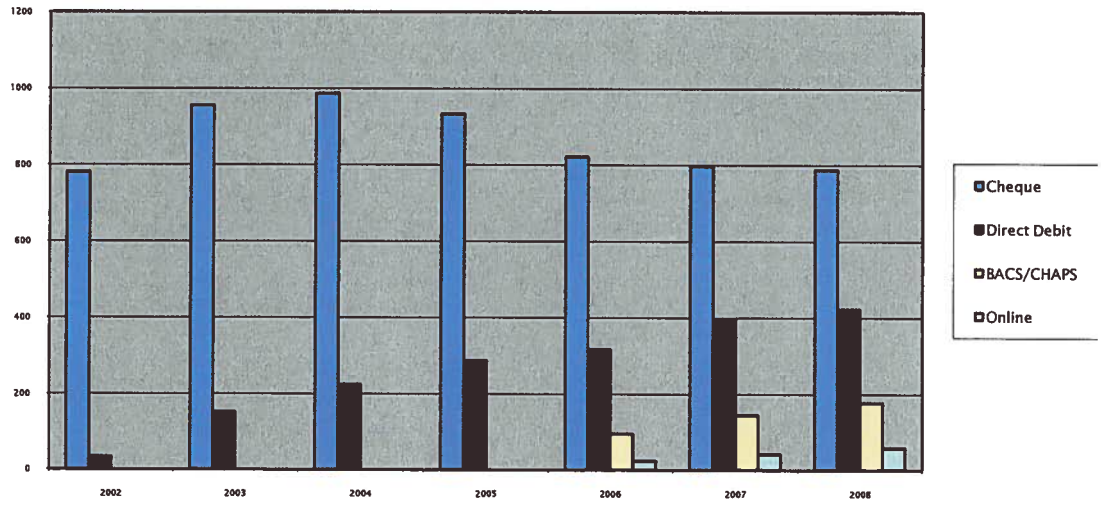
Payment and communications methods

Renewal reminders advised data controllers of the introduction of alternative means for the payment of fees.

The number paying by these various means in 2008 is shown below:

Payment by Direct Debit and BACS continued to show a small increase. Online payment also increased from 3% to 4%, whilst cheque payment continued to decline, but still represented over 50% of the payments received.

Payment methods 2002 to 2008



1256 organisations (85%) provided an email address for communication purposes, compared with 1161 (85%) in 2007; this address was used for the issue of automatic renewal reminders to those who did not renew by Direct Debit; of those, 252 (229 in 2007) required a second reminder to be sent by post. Second reminders were also issued to 29 (16) organisations whose first reminder had been sent by post. It was necessary to resort to final reminders in 39 (34) cases; this resulted in some payments being overdue.

It appears that some data controllers do habitually ignore final reminders resulting in the need for follow-up action. In 2008 there were three referrals to the Law Officers which resulted in two police cautions being issued for late submission of renewal fees. No action was taken in the third case where a data controller was very late in submitting the fee for a new notification.

The most common reason for the issue of second and final reminders was that the data controller's address or the email address of the administrative contact had changed since Notification. It is the responsibility of data controllers to advise the office of any changes to their particulars and in fact an offence for an organisation to fail to keep its registration particulars up to date.

Further administrative savings were made in 2008 by issuing receipts electronically to those who had provided a valid email address.

In addition, some clients with a large number of Notifications have begun to remit consolidated payments, greatly reducing the administrative burden on both sides.

The use of automated email reminders, Direct Debits, consolidated payments and electronic receipts further streamlined the administrative effort involved in the Notification process, freeing up more staff time for education, enforcement and publicity activities.

STAFFING AND STAFF DEVELOPMENT

The Office of the Data Protection Commissioner comprises three people: the Commissioner and Assistant Commissioner, both of whom work full time and the Personal Assistant to the Commissioner, who works part-time.

The Commissioner is a statutory public appointment, but members of his staff are seconded from the Home Department of the Civil Service and are wholly responsible to him.

The Assistant Commissioner devotes the majority of her time to compliance activities, responding to enquiries from individuals and organisations and delivering training to the public and private sectors.

The Personal Assistant undertakes all of the administrative activities for the office including the processing of Notifications, payment of bills and the reconciliation of the accounts.

The Commissioner considers that, whilst his office remains responsible solely for the enforcement of the Data Protection legislation and the associated Privacy Regulations, the current establishment of one full time Assistant and one part time Personal Assistant represents a satisfactory minimum level of staffing resource, which under normal circumstances enables him to discharge his responsibilities adequately under the Law.

The specialist work involved with the assessment of the States Website breach in the early part of the year required additional expert assistance, which was provided under contract by PwC Channel Islands.

The Commissioner is keen to encourage the academic, technical, administrative and professional development of his staff and to that end supports their attendance at training courses, relevant conferences and other forms of personal development.

The Commissioner himself remains a member of the E-commerce and IT Advisory Group of the GTA University Centre and of the Guernsey Digimap Management Board and attends relevant seminars and workshops organised by the GTA University Centre and the Guernsey International Section of the British Computer Society. He has also been invited to become a member of an International Standards Organisation Working Group.

It is pleasing to report that the Assistant Commissioner completed her Open University studies and has been awarded a Bachelor of Laws (Honours) degree, thereby not only advancing her own professional development but also strengthening the legal expertise within the office.

RAISING AWARENESS

There is a continual need to ensure that individuals are made aware of their rights under the Law and organisations that process personal data are made aware of their responsibilities.

The Awareness campaign for 2008 included the following activities:-

- Delivering presentations and training
- Involvement in working groups
- Making use of the media.
- Giving compliance advice
- Developing the Internet web site

Delivering presentations and training

The Commissioner and Assistant Commissioner delivered talks and presentations throughout the year to many professional associations and organisations in the public and private sectors. These included: States departments, nursing homes, finance institutions, retail businesses and voluntary organisations.

The total audience reached in this way was around 380, compared to 579 in 2007. The figures for 2007 had been inflated by the data protection conference that was held in April.

In addition to partaking of formal training, any organisation may obtain a training DVD entitled: "The Lights are On", produced by the UK Information Commissioner.

Copies of this DVD are obtainable free of charge from the Commissioner's Office.

Involvement in Working Groups

The Commissioner and Assistant Commissioner participated in the States Data Guardians Group. The activities of the group have initially been involved with the establishment of data sharing protocols between various departments and sections within the government.

Making use of the media

10 articles or letters relating to Data Protection were published in the local media during 2008, (compared with 25 in 2007), in addition to the extensive coverage of the website data breach. Topics covered included:

- Identity theft;
- Freedom of Information legislation;
- Credit card security;
- Privacy issues with social networking;
- Unsolicited marketing;
- Personal data publicised by HM Greffier;
- European Data Protection Day.

The Commissioner is appreciative of the positive support he receives from all sections of the media to his awareness campaigns.

Guidance Notes

The Commissioner issued two additional Guidance Notes in 2008, one concerned with the disclosure of medical data to the General Medical Council and the other concerning Privacy in Facebook. This brought the number of Guidance Notes published by the Commissioner to 31.

A full list of available publications is given overleaf. These are available as leaflets, in booklet form and are published on the Commissioners website[6].

An estimated 566 hard copies of the literature were distributed to individuals and organisations during 2008, compared with 1096 copies in 2007. The figure for 2007 was inflated due to the number of booklets issued to conference participants.

These figures are in addition to the unknown number of electronic copies of these guidance notes that were viewed or downloaded from the website.

[6] www.gov.gg/dataprotection

Guidance Notes published by the Data Protection Office

Baby Mailing Preference Service: *How to stop the receipt of unwanted mail about baby products*
Be Open...with the way you handle information: *How to obtain information fairly and lawfully*
CCTV Guidance and Checklist *Explains how to comply with the law in relation to the use of CCTV*
Charities / Not-for-Profit Organisations
Data Controllers: *How to comply with the rules of good information handling*
Dealing with Subject Access Requests
Disclosure of medical data to the General Medical Council *and other statutory bodies.*
Disclosures of vehicle keeper details *Explains when vehicle keeper details can be disclosed*
Exporting Personal Data
Financial Institutions
How to Protect your Privacy on Facebook
Mail, telephone, fax and e-mail preference service *How to stop the receipt of unsolicited messages.*
Marketing - A Guidance for Businesses
No Credit: *How to find out what credit references agencies hold about you and how you can correct mistakes*
Notification - *a Simple Guide* *A Full Guide* *Exemptions self assessment*
Personal Data & Filing Systems *(guidance on what makes information "personal" and explains what manual records are covered by the Law)*
Privacy Statements on Websites - a Guidance
Respecting the Privacy of Telephone Subscribers
Rehabilitation of Offenders - *Guidance for applicants - Police Disclosures* *Recommended Disclosure Policy for Guernsey Police* *Code of Practice and Explanatory Guide for Employers*
The Data Protection Law and You: *A Guide for Small Businesses*
Spam - ***How to deal with spam***
States Departments - a Guidance
Transparency Policy
Trusts and Wills - a Guidance
Violent warning markers: use in the public sector *How to achieve data protection compliance in setting up and maintaining databases of potentially violent persons*
Work References
Your rights under the Law: *Guidance for Individuals*

Developing the Internet Web Site

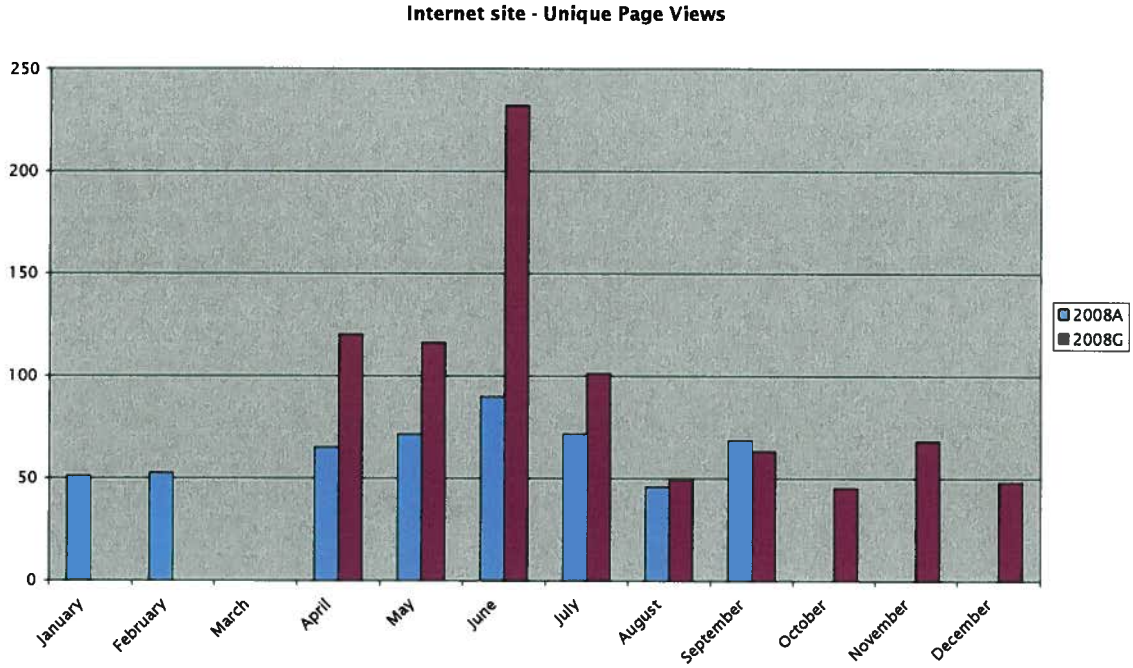
Work continued throughout the year to keep the information on the official website up to date.

Partway through the year, the Information Technology Unit changed the basis of statistics collection from AWS, based on log files (January to September) to Google Analytics, which is based on tagged pages (April to December).

No statistical data were collected for March 2008.

The chart below shows reasonably comparative statistics collected using each of these methods. Future reports will show the data collected using Google Analytics alone.

Currently, it would appear that about 50 unique pages are being accessed each month. The most accessed pages are those relating to the Law and the Guidance Notes.



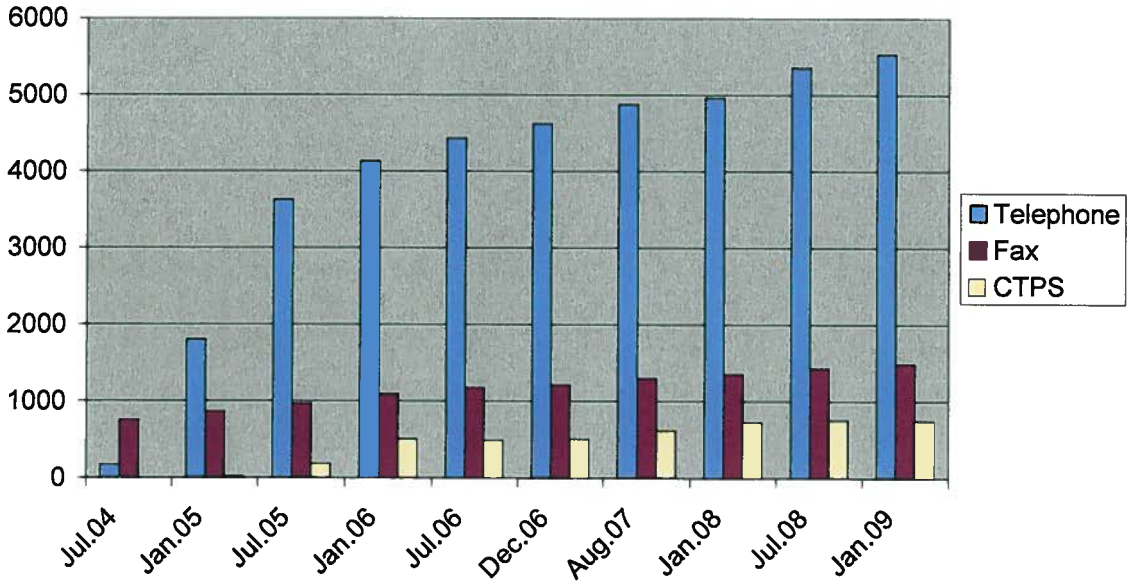
Registrations with the Preference Services

The Telephone Preference Service (TPS)[7] allows individuals to opt-out of the receipt of unsolicited marketing calls. Although the regulations covering the TPS apply only to marketing organisations based in the British Isles, in practice TPS registration appears to reduce, but not eliminate, the receipt of calls originating from overseas, since many reputable overseas telemarketers appear to screen their calls against the TPS database.

The Fax Preference Service (FPS)[8] allows any individual or business with a fax machine to opt out of the receipt of unsolicited marketing faxes whereas the Corporate Telephone Preference Service (CTPS) is for use by organisations wishing to opt out of the receipt of marketing calls.

The chart below, derived from data provided by the Direct Marketing Association, shows that registrations for TPS continue to show a small increase, with 5,527 numbers being registered, compared with 4,961 at the end of 2007 and 4,622 in 2006. Registrations for FPS have increased by 144 to 1,484 and those for CTPS have risen by 19 to 743.

Registrations for Preference Services



[7] www.tpsonline.org.uk
[8] www.fpsonline.org.uk

ENFORCEMENT

The Law provides for a number of offences:-

a) Failure to notify or to notify changes to an entry;

b) Unauthorised disclosure of data, selling of data or obtaining of data;

c) Failure to comply with a Notice issued by the Commissioner.

The Commissioner may serve an Enforcement Notice where he has assessed that a controller is not complying with the principles or an Information Notice where he needs more information in order to complete an assessment. With the advent of the Privacy in Electronic Communications Regulations, the Commissioner's power to issue Notices has been expanded to cover non-compliance with those Regulations.

Notices

No Information or Enforcement Notices were served during 2008. One data controller was served with a Preliminary Enforcement Notice in 2007, and no Notices had been served in 2006.

Police Cautions

Some data controllers do habitually ignore final reminders to renew their Notifications, resulting in the need for follow-up action.

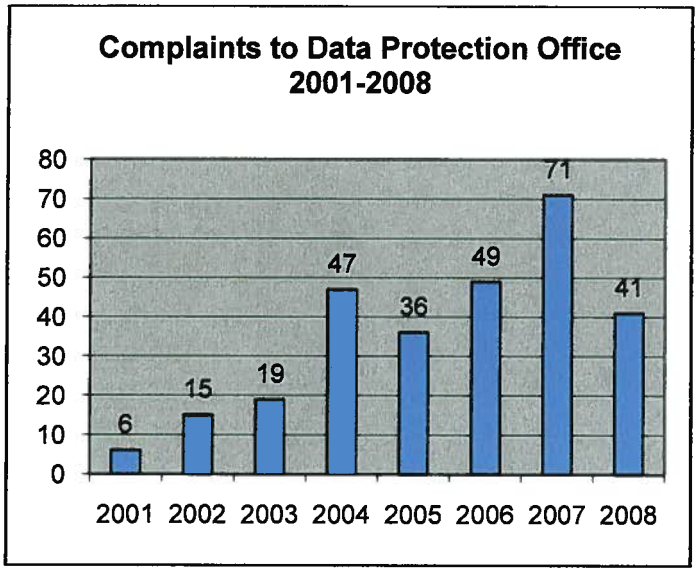
In 2008 two Police Cautions were administered for this reason, the same number as in 2007

A significant amount of administrative time is spent on pursuing late payers and it is recommended that a financial penalty should be imposed in the case of those who are late in renewing their notifications.

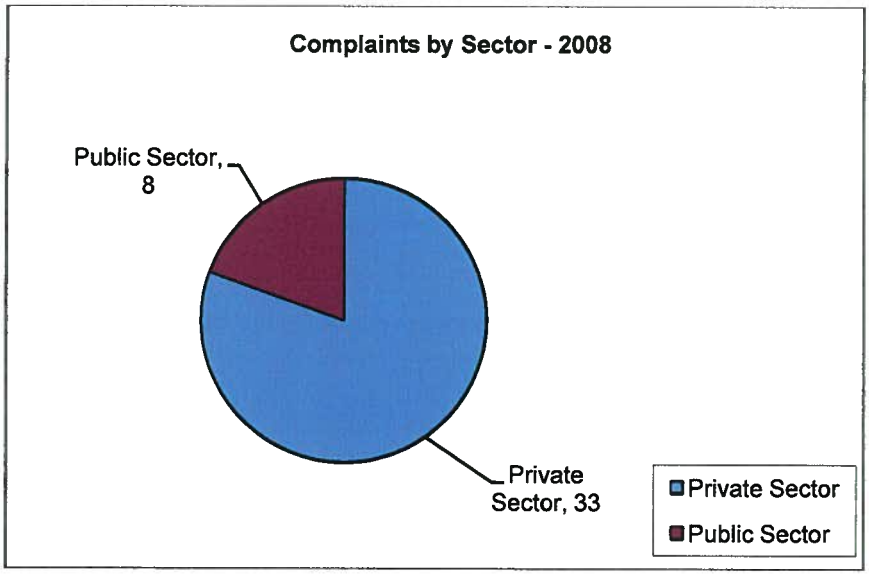
This action would be likely to prevent the need to refer such matters to the Law Officers, thus saving their time as well as the time of the Police.

Complaints

There were a total of 41 complaints received by the Commissioner during 2008, compared with 71 in 2007, 49 in 2006 and 36 in 2005.
The significant increase in 2007 was due to the disclosure of Guernsey residents' personal details by UK banks to the HMRC; these complaints were referred to the UK Commissioner.



The chart depicted below shows that 33 complaints related to the private sector and 8 to the public sector



Of those 33 private sector complaints, 4 were referred to the UK, I to Jersey and 1 to Spain.

19 complaints were upheld, 18 were not upheld, 1 was partially upheld and 2 are ongoing. One complaint was sent to the Jersey Commissioner and at the time of writing it is not known whether or not that particular complaint was upheld.

Case Studies

Case Study 1 -

An individual complained that he had received an inaccurate notice for non-payment of a debt. He claimed that this notice was received despite the account already having been settled. His claim was primarily against the creditor who had instructed a credit reference agency to collect the debt.

If this complaint had substance a breach of the fourth principle would have occurred. The fourth principle states that personal data must be processed accurately and kept up to date if necessary. In addition the sixth data protection principle states that personal data must not be processed in a manner which is likely to cause damage or distress. The complainant was elderly and was very concerned that his name was "blackened" as the notice had stated that the account details had been passed to all major credit reference agencies and that his ability to obtain credit in the future could be affected.

The creditor was contacted and requested to give his side of the story. The facts were: the complainant had purchased goods and paid by credit card but the payment was reclaimed by the bank. The complainant did not respond to the creditor's letters so the matter was referred to a credit reference agency. The day after the referral was made the complainant contacted the creditor but did not settle the account. However the creditor emailed the credit reference agency and instructed that the complainant should not be contacted until further notice.

However a notice was served on the complainant. Further investigation revealed that the complainant paid the outstanding account four days after receiving the notice.

The complaint against the creditor was not upheld. There was no inaccurate processing of personal data and the credit reference agency had been informed to hold off serving any notice.

Attention then turned to the credit reference agency to establish why it had served a notice when instructed not to.

The agency responded that it had moved to new offices, there were not enough telephone lines, an employee had left some days before and there was no-one to use his computer and there was nowhere to plug this computer into. The email from the creditor instructing the agency to defer the serving of the notice was not read as it was addressed to the employee who had left and no other member of staff had been tasked with reading his emails.

The seventh data protection principle states that there must be appropriate organisational and technical measures in place to prevent any unauthorised disclosure of personal information and to prevent against any accidental loss or damage.

The agency clearly breached this principle as there were no measures in place to ensure that staff could access work related messages of an absent colleague. These measures are especially important in a credit reference environment where it is essential that all information is processed accurately.

The agency has now formulated appropriate procedures to ensure that all communications are received and acted upon in a timely manner.

Case Study 2 -

A gentleman and his partner moved into a new house and took over the phone number of the previous occupier and went ex-directory with it. The partner received a call from a local company which was conducting a sales campaign and the caller knew the partner's name. The couple spoke to the manager of this company and learned that the partner's name had been obtained from the Greffe. It had been just a matter of ringing the Greffe and requesting the name of the owner of the house.

What had happened was that a full list of all property transactions is published on a monthly basis and all the company had to do was to match up the property with its old phone list and then telephone the Greffe to get the name of the owner of the property.

This was upsetting for the couple and especially frightening for the partner who had experienced problems which required police intervention and the serving of an injunction. Within a few hours of learning that her name, address and telephone number were in the public domain the house was fitted with an alarm and the phone company changed the telephone number.

The Greffier was contacted and he responded stating that ownership of real property is a matter of public record in Guernsey and the Greffe has a responsibility for maintaining records of all land transactions (the Registry of Deeds) and for making that information available to the public. The Greffier has no power to restrict access to this Registry and he cannot require any searcher to give a reason for their search.

The Cadastre Digimap Search system covers all properties and their ownership in one index and the public was able to access this system via the public terminals in the Greffe Strong-room.

After consultation with the Chief Cadastre Assessor the Cadastre search terminals in the Strong-room became password controlled requiring searchers to log-on and pay a fee.

Staff at the Greffe may no longer provide members of the public with details of property ownership either in writing or over the phone. Anyone seeking such information must search at the Greffe or through an agent.

The outcome of this case was that the public still maintained the right to access public information but in imposing certain restrictions on the methods of access individuals have an improved degree of privacy and protection in their homes.

International Conference of Data Protection Authorities

The Commissioner and Assistant Commissioner joined over 650 delegates who attended the 30th International Conference of Data Protection and Privacy Commissioners, which was held in Strasbourg from 15th - 17th October 2008. The conference was hosted jointly by the German and French authorities, both of whom were celebrating their 30th anniversaries.

The conference departed from established practice in being held entirely in plenary sessions, all of which took place in the hemisphere of the Council of Europe. Whilst this location provided an excellent debating chamber with microphones at all seats, the size of the audience limited the scope for debate and there was less of an opportunity to go into subjects to the depth that we had become accustomed to in previous conferences which had featured workshops.

Full details of the conference (including video recordings of the presentations) are available on its website[9]:

The 31st International Conference will be held in Madrid, probably from 11th - 13th November, 2009 but this date is subject to change.

European Spring Conference

The Assistant Commissioner attended the European Spring conference, which was held in Rome from 17th - 18th April 2008. Over 100 representatives from data protection authorities and institutions throughout Europe attended.

The theme of the conference was "What Outlook for Privacy in Europe and Beyond". The three main sessions discussed the balances which must be achieved between -

- Privacy and Security: law enforcement initiatives and surveillance activities impact on individuals' fundamental rights,
- Privacy and Business -globalisation of markets impact on flows of personal information,
- Privacy and New Technologies - are present data protection principles workable and effective in view of new technological developments.

The next European conference will be held in Edinburgh in April, 2009.

[9] http://www.privacyconference2008.org

International Working Group on Data Protection in Telecommunications (IWGDPT)

The Commissioner attended the two meetings of the International Working Group that were held in 2008.

The 43rd meeting was held in Rome on 3rd and 4th March.

The 44th meeting was held in Strasbourg immediately preceding the international conference on 14th October and was itself preceded by a Symposium on 13th October entitled: "Privacy in the Age of Social Network Services".

Both Working Group meetings covered similar topics, mainly concerned with the production of papers addressing the following issues:

- IP Telephony (Voice over IP)
- Voice Analysis Technology
- Privacy and Search Engines
- Trusted Computing and Digital Rights Management
- Privacy and Cross-Border Marketing
- Online Availability of Electronic Health Records
- Spam
- E-Government
- RFID
- Vehicle Event Recorders
- Personal data within WHOIS databases
- Privacy aspects of the World Summit on the Information Society

The 45th meeting of the Working Group will be held in Sofia, Bulgaria in the spring and the 46th meeting will be held in Berlin at the autumn.

British, Irish and Islands' Data Protection Authorities

The Commissioner and Assistant Commissioner joined representatives of the authorities from the UK, Ireland, Cyprus, Jersey, Isle of Man and Bermuda at the "BIIDPA" meeting held on 27th June 2008 in Gibraltar.

These meetings are of particular value to the smaller Island Authorities, which are able to draw on the broader experience of the larger mainland Authorities in dealing with common issues.

The 2009 BIIDPA meeting is expected to be held in July in Ireland.

Meeting with the President of Ireland

In January the Assistant Commissioner along with colleagues from the Irish and UK data protection authorities (which included Belfast, Scotland and Wales) attended a reception hosted by Mary McAleese, the President of Ireland at the Presidential residence in Phoenix Park, Dublin.

The objective of this reception was to recognise the work of the data protection authorities throughout the British Isles and the president thanked them for their work and excellent co-operation with each other.

The President spoke at length with the Assistant Commissioner and referred to the visit which she had recently made to Guernsey.

Following the reception a meeting was held at Farmleigh where the following topics were discussed:

- Audits by data protection authorities;
- Powers of entry and inspection (the Irish authority gave an interesting account of their expertise in this field);
- Security breaches in the UK;
- Greater scrutiny of organisations;
- Civil penalties as opposed to criminalisation;
- Notification fees.

Liaison with the UK Government

Guernsey hosted a meeting between the Crown Dependencies and Ministry of Justice officials, which was held on 9 July.

Prior to the data protection meeting, the Chief Executive and other Policy Council staff met the Ministry of Justice official to discuss information management policies relating to data sharing and freedom of information.

In the afternoon, the liaison meeting with the other Crown Dependencies concentrated on the benefits of facilitating access to Police systems from the islands and on policy developments in the UK and Europe.

The next liaison meeting took place in London in January 2009 and will be covered in the annual report for 2009.

Data Protection Forum

The Assistant Commissioner attended three meetings of the Data Protection Forum that were held in London during 2008; the topics covered in the meetings were:

- *Data Security in Financial Services*
- *The benefits of Privacy Impact Assessments*
- *Interception and its relationship with data protection*
- *Should data breach notifications be compulsory?*
- *How case law has evolved the definition of personal data*
- *How the Freedom of Information Act has impacted on the public sector*
- *Employers and their use of Facebook*
- *The privacy implications of outsourcing personal data*
- *Developments in European data protection*
- *Review of data protection issues during 2008*

The Commissioner was invited to join a panel at a "Commissioners' Question Time" that was held on 4th September, 2008. Other members of the panel were the Irish Data Protection Commissioner and the Deputy Commissioner from Jersey.

The Commissioner presented a paper entitled: "Dealing with Data Breaches in Guernsey". The Irish Commissioner presented a paper on Audit and Enforcement and also read a paper from the UK Commissioner, who unfortunately had to withdraw at the last minute.

Attendance at these meetings provides benefits which include:

- networking with key people involved in data protection, in many cases from parent companies with offices in Guernsey ;
- the opportunity to influence data protection policy-making;
- raising the awareness of pertinent issues and future trends that may affect both the public and private sectors.

Information Privacy Expert Panel

The Commissioner attended the three meetings of the British Computer Society [BCS] Information Privacy Expert Panel [IPEP], which were held in London during the year.

One of the functions of IPEP is to provide expert input to inform official responses by the BCS to UK Government consultations on matters relating to privacy and data protection policy.

The IPEP includes members from academia, the public and private sectors and has considered various topics, including the proposals for increased enforcement powers for the UK Information Commissioner.

The cost of attendance at these meetings of the IPEP and at any related meetings is borne by the BCS.

International Standards Organisation

The Commissioner was invited to join Panel 5 of the SC27 Working Group of the International Standards Organisation, which is developing an international standard on data protection - ISO/IEC 29100, entitled: "Information Technology - Security techniques - privacy framework". This standard, as the name suggests, specifies a privacy framework focusing on specific information and communication technology system-issues from a high-level perspective. It is currently in Committee Draft stage, so has not yet been published.

The majority of the work of the panel is conducted via email and the Commissioner did not attend any meetings in 2008; he is likely to attend two or three meetings in 2009 which will be held under the auspices of the British Standards Institute (BSI) in London.

The BSI is also developing a standard BS10012:2009 entitled: "Specification for the management of personal information in compliance with the Data Protection Act 1998". This standard has been issued in draft form for public comment.[10]

Although directed at compliance with the UK Act, it will of course be of relevance to data controllers established in the Bailiwick, due to the similarity of local legislation with that in the UK.

[10] http://drafts.bsigroup.com/?d=264

OBJECTIVES FOR 2009

The primary objectives for 2009 remain unchanged, encompassing the following areas:-

- ***Legislation***

  Detailed work on the proposed amendments to the Data Protection legislation will continue as and when appropriate.

- ***Adequacy and International Transfers***

  Work will continue to ensure that the European Commission's adequacy finding for the Data Protection régime in the Bailiwick is respected and that international data transfers comply with the eighth Data Protection principle.

- ***British Isles and International Liaison***

  Participation in relevant UK, European and international conferences will continue as a means of enhancing the international recognition of the independent status and regulatory prowess of the Bailiwick and ensuring that local knowledge of international developments remains up to date.

- ***Raising Awareness***

  The media will be used to continue the awareness campaign and a further series of seminars and talks for the public and private sectors will be mounted.

  Collaboration with the Training Agency will continue over the organisation of courses leading to formal qualifications in data protection, such as the ISEB Certificate.

  Promotion of relevant training using UK specialists will be done, with training being targeted separately to financial sector organisations, other private sector organisations and the public sector.

  The publication of new literature and the review and revision of existing literature will be undertaken as the need arises.

- ***Compliance***

  Targeted compliance activities will be organised to increase the notification level of local organisations. Rigorous enforcement will continue, including consideration of prosecution of non-compliant organisations.

  The monitoring of websites and periodic surveys to assess compliance with data protection legislation and the privacy regulations will continue.

- ***Government***

  Close liaison with the States of Guernsey Government departments will continue with the aim of promoting data sharing protocols and the further development of subject access procedures.

  Follow up activities related to the implementation of recommendations arising from the website breach report will continue. Opportunities will be taken to promote the use of Privacy Impact Assessments where appropriate.

- ***Administration***

  The process of moving all Notification data onto electronic filing systems will continue, with the aim of dispensing with all manual records of Notifications by the end of 2009.

FINANCIAL REPORT

The Data Protection Office is funded by a grant from the States of Guernsey administered by the Home Department and based on an annual estimate of expenditure prepared by the Commissioner.

In accordance with Section 3 of Schedule 5 of the Law, all fees received are repaid into the General Revenue Account.

The Income and Expenditure, which are included within the published accounts for the Home Department, have been as follows:

INCOME	2008 £	2007 £	2006 £
Data Protection Fees [1]	49,125	46,010	43,382
EXPENDITURE			
Rent	15,526	15,526	15,526
Salaries and Allowances[2]	176,345	147,971	138,328
Travel and Subsistence	10,294	8,926	10,588
Furniture and Equipment[3]	12,761	11,790	13,806
Publications	3,075	2,910	2,886
Post, Stationery, Telephone	4,332	3,977	3,542
Heat Light, Cleaning	6,247	4,681	4,743
TOTAL EXPENDITURE	**£228,580**	**£195,782**	**£189,419**
EXCESS OF EXPENDITURE OVER INCOME	**£179,455**	**£149,771**	**£146,037**

NOTES

[1] Fees remained at £35 per notification or renewal of a notification.

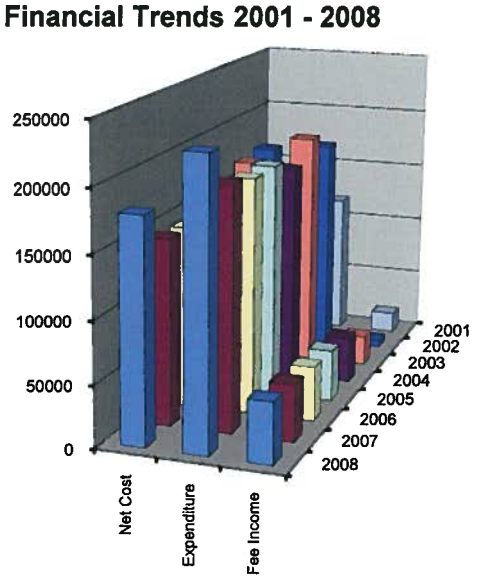
Income from fees is accrued on a monthly basis.

The cash received for notifications in 2008 was £50,750 (£47,810 in 2007 and £43,505 in 2006) representing the 1,450 annual notifications and renewals that were processed during the year.

[2] This includes an amount of £25,520 (£5,510 in 2007 and £1,662 in 2006) for consultancy fees.

[3] This includes the annual fee of £11,000 payable to Eduserv for maintenance and hosting of the Notification website.

The financial trends in income and expenditure since 2001 are shown graphically below.



Expenditure for 2008 rose by £32,798 (16.7%); of that sum £25,000 was due to consultancy fees associated with the investigation of the security breach of the States website.

The cost of an investigation such as this would normally be paid by the data controller, but since the controller in this case was a States Department, the investigation was funded by a supplementary grant of £20,000 from the Treasury.

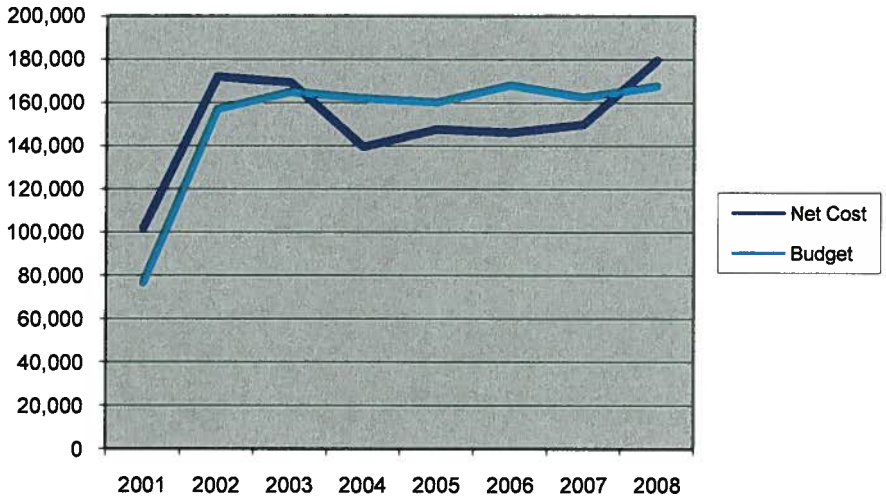
Income from fees rose by £2,628 (6.8%) based on an unchanged notification fee of £35.

Hence, the net cost of the Office to the taxpayer increased by £29,684 (19.8%). In the absence of the exceptional item, the cost would have increased by a more modest £4,684 (3.1%). Another major contribution to this increase was an unexpected 60% increase in heat, light and service charges levied by the landlord, up from £2,672 in 2007 to £4,297 in 2008.

Detailed accounts were submitted to the Home Department in accordance with established practice and as required by paragraph 3 of Schedule 5 to the Law.

The chart below depicts the net cost against budget for the years from 2001 to 2008. It can be seen that the cost exceeded budget in 2008, primarily on account of the costs of the investigation of the website breach.

Net cost vs budget 2001 - 2008



It is anticipated that the costs for 2009 will once more be contained within budget on the assumption that there are no exceptional events such as occurred in 2008.

The Commissioner appreciates the continued administrative support that has been forthcoming from the Home Department and is grateful for the continued technical support provided by the ITU.

In accordance with the standards contained within the Internal Audit report, the Commissioner hereby confirms that no gifts or hospitality were received by him or his staff during 2008.

APPENDIX

THE DATA PROTECTION PRINCIPLES

1. Personal data shall be processed fairly and lawfully and special conditions apply to the processing of sensitive personal data.

2. Personal data shall be obtained for one or more specified and lawful purposes.

3. Personal data shall be adequate, relevant and not excessive in relation to the purposes for which they are processed.

4. Personal data shall be accurate and kept up to date.

5. Personal data shall not be kept for longer than necessary.

6. Personal data shall be processed in accordance with the rights of data subjects.

7. Technical and organisational measures shall be taken against unauthorised or unlawful processing and against accidental loss or damage to personal data.

8. Personal data shall not be transferred to a country or territory outside the Bailiwick unless the destination ensures an adequate level of protection for the data.

THE PRIVACY AND ELECTRONIC COMMUNICATIONS REGULATIONS

1. Telecommunications services must be secure and information processed within such services must be kept confidential.

2. Traffic data should not be retained for longer than necessary and the detail of itemised billing should be under subscriber control.

3. Facilities should be provided for the suppression of calling line and connected line information.

4. Information on the subscriber's location should not generally be processed without consent.

5. Subscribers may choose not to appear in directories.

6. Automated calling systems may not be used for direct marketing to subscribers who have opted out.

7. Unsolicited faxes may not be sent to private subscribers unless they have opted in or to business subscribers who have opted out.

8. Unsolicited marketing calls may not be made to subscribers who have opted out.

9. Unsolicited email marketing may not be sent to private subscribers and must never be sent where the identity of the sender has been disguised or concealed.

10. The Data Protection Commissioner may use enforcement powers to deal with any alleged contraventions of the Regulations.

Further information about compliance with the Data Protection (Bailiwick of Guernsey) Law 2001 can be obtained from:

Data Protection Commissioner's Office
P.O. Box 642
Frances House
Sir William Place
St. Peter Port
Guernsey
GY1 3JE

E-mail address: dataprotection@gov.gg
Internet: www.gov.gg/dataprotection
Telephone: +44 (0) 1481 742074
Fax: +44 (0) 1481 742077

APPENDIX III

PUBLIC SECTOR REMUNERATION COMMITTEE

ESTABLISHED STAFF OF THE STATES OF GUERNSEY -
THE SALARY MINIMA & MAXIMA OF THE GENERAL GRADES

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

5th October 2009

Dear Sir

In accordance with States Resolution XXXVI of 28 October 1987, as amended, I have the honour to enclose, for publication as an Appendix to a Billet d'Etat, details of the salary minima and maxima of the Established Staff general grades applying from 1 May 2009, the second part of a two year settlement which was reached in December 2008. The number of staff in each grade is also detailed.

Yours faithfully

A H Langlois
Chairman

ESTABLISHED STAFF OF THE STATES OF GUERNSEY
The Salary Minima & Maxima of the General Grades

	At 1.05.09 £	
Senior Officer 12	116133/130940	
Senior Officer 11	106131/119663	
Senior Officer 10	96998/109363	
Senior Officer 9	88652/99950	
Senior Officer 8	81019/91352	
Senior Officer 7	74051/83487	
Senior Officer 6	67675/76309	Note 1
Senior Officer 5	61848/69739	
Senior Officer 4	56523/63733	
Senior Officer 3	51660/58247	
Senior Officer 2	47213/53232	
Senior Officer 1	43148/48652	
Executive Grade V	40817/43122	
Executive Grade IV	37594/39714	
Executive Grade III	34234/36475	Note 2
Executive Grade II	30905/33086	
Executive Grade I	27508/29727	
Administrative Assistant 2	22759/25935	
Administrative Assistant 1	17468/22227	Note 3
Clerical Assistant	13710/17468	
Personal Assistant 2	30328/33594	
Personal Assistant 1	26523/29316	
Typist C	23553/25691	Note 4
Typist B	16357/23553	
Typist A	13782/20063	
Other Grades	11370/41910	Note 5

NOTES:

There are 1949 Established Staff in total on the general grades. (All establishment figures are as at 31 January 2009.)

1. There are 314 staff (16.1% of total) on the Senior Officer grades.
2. There are 923 staff (47.4% of total) on the Executive Grades.
3. There are 365 staff (18.7% of total) on the Administrative Assistant, Clerical Assistant and equivalent grades.
4. There are 103 staff (5.3% of total) on the Personal Assistant and Typist grades.
5. There are 244 staff (12.5% of total) on other grades i.e. Non-Standard, Miscellaneous, Home Staff, School Administration Assistant whose salaries broadly span Clerical Assistant to Executive Grade V.