Delivery plan to reduce the number of people who are overweight & obese for the Health & Wellbeing Strategy (2016- 17)
(Action plan for tackling excess weight, diet & nutrition and physical activity) & Strategic Action Number & Name: 5 - Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments (Action 4.2 in delivery plan)

Priority Action Number & Name: 7 – Reduce the number of people who are overweight & obese **Strategic Action Number & Name: 5 - Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments (Action 4.2 in delivery plan)**				
Outcome Indicator	**The measure/metric description**	**Target value/measure**	**Current value/measure**	**RAG**
Excess weight in 4-5 year olds (as defined in the Public Health Outcomes Framework)	Percentage of children aged 4-5 classified as overweight or obese. Children are classified as overweight if their BMI is on or above the 85th centile of the British 1990 growth reference according to age and gender. ***Source:*** Health and Social Care Information Centre, NCMP	Year on year reduction Aim to remain statistically better than the national average	20.7% (2014/15) Statistically better than the national average	**Green**
Excess weight in 10-11 year olds (as defined in the Public Health Outcomes Framework)	Percentage of children aged 10-11 classified as overweight or obese. Children are classified as overweight if their BMI is on or above the 85th centile of the British 1990 growth reference according to age and gender. ***Source:*** Health and Social Care Information Centre, NCMP	Year on year reduction Aim to remain statistically better than the national average	31% (2014/15) Statistically better than the national average	**Green**
Slope Index of Inequality for obesity in 10-11 year olds	Percentage of children aged 10-11 classified as obese compared to relative deprivation. ***Source:*** Secondary analysis of PHE/NOO MSOA 3 year pooled information compared to IMD 2010	Reduce the slope index of inequality for obesity which has increased over time which suggests that prevalence rates in the most deprived areas are increasing more than in less deprived areas.	Slope Index of Inequality for obesity with obesity prevalence in brackets 2007/08 to 2009/10 – 9.3% (17.9%) 2008/09 to 2010/11 – 9.7% (17.4%) 2009/10 to 2011/12 – 9.9% (17.3%) 2010/11 to 2012/13 – 10.9% (17.3%) 2011/12 to 2013/14 – 12% (17.7%) 2014/15 data will be available Summer 2016	**Amber**
Excess weight in adults (as defined in the Public Health Outcomes Framework)	Percentage of adults classified as overweight or obese with a BMI equal or greater than 25 ***Source:*** Active People's Survey	Year on year reduction Aim to reach the national average	67.3% (2012-14) Statistically worse than the national average	**Red**
Physically active adults (as defined in the Public Health Outcomes Framework)	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with the Chief Medical Officers recommended guidelines on physical activity ***Source:*** Active Peoples Survey	Year on year increase Aim to remain statistically better than the national average	59% (2014) Statistically better than the national average	**Green**
Physically inactive adults (as defined in the Public Health Outcomes Framework)	Percentage of adults classified as inactive doing less than 30 equivalent minutes of at least moderate intensity physical activity per week ***Source:*** Active Peoples Survey	Year on year reduction Aim to become statistically better than the national average.	26.9% (2014) Statistically similar to the national average.	**Amber**

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Fruit and vegetable consumption (as defined in the Public Health Outcomes Framework)	Percentage of the population who report that they have eaten 5 portions of fruit and vegetables on the previous day. ***Source:*** Active Peoples Survey	Year on year increase Aim to become statistically better than the national average.	55.3% (2014) Statistically similar to the national average.	**Amber** 
Actions	**Milestones (including timescales)**	**Progress to date including the impact made and / or any blocks or barriers identified**		**RAG Status**
1.0 Strategy and integrated commissioning				
1.1 Work with partners across the system to ensure no duplication or gaps in service provision **Lead:** Tackling Excess Weight Steering Group (Chair)	Quarterly meetings of the TEWS group (ongoing).			
1.2 Review recommendations made in the national childhood obesity strategy and consider how to implement **Lead:** Public Health (Anne Pridgeon	Paper prepared and presented at steering group (Sept 16) Identify actions required, leads and timescales (Dec 16)	Publication of the national childhood obesity strategy has been delayed until the Summer.		
2.0 Social marketing				
2.1 Continue to promote Change4Life/Start4Life/One You **Lead:** NCC, District Councils & Sport Nottinghamshire	Partners to identify opportunities to proactively utilise Change4Life, Start4Life & One You on an ongoing basis (ongoing)	New Public Health campaign 'One You' that aims to encourage adults, particular those in middle age, to take control of their health to enjoy significant benefits now, and in later life has been promoted through NCC social media channels		
3.0 Public Health Intelligence and data improvement				
3.1 Utilise the Maternity dataset to provide local data on the BMI of pregnant women to support the development of appropriate services for this population	Review data on the HSCIC on a regular basis (on-going)	Information taken from the HSCIC for the period between May 15 and Aug 15: • Nottingham University Hospitals NHS Trust (125 overweight & 75 obese although it is unclear how accurate the information is) • Doncaster and Bassetlaw Hospitals NHS Foundation Trust data is		

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group **Lead:** Public Health – Kerrie Adams & Anne Pridgeon		supressed and so there is no breakdown for overweight or obesity. • No data for Sherwood Forest Hospital	
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3.2 Identify why children or their parent/carer opt out of the NCMP and consider ways to improve participation rates **Lead:** Public Health – Kathy Holmes	Opt out slips include reasons why to be completed during 15/16 programme Collate and Identify reasons (August 2016) Action plan in place for NCMP 2016/17	Promotional material developed – posters and banner stands to use with children and their families Data being collected currently	
3.3 Understand how obesity tracks through childhood, identifying if it is possible to undertaken a longitudinal analysis of local NCMP data **Lead:** Public Health - Anne Pridgeon	Discussion with Provider's information team to identify opportunities and barrier and develop action plan (April 2016)	NHS number only part of the NCMP submission from 2013/14. It is unlikely that historic NCMP records will be complete on SystmOne. Therefore longitudinal analysis cannot currently be undertaken but will be possible in the future. No further action at this time.	
3.4 Consider how to obtain local data on prevalence of excess weight for children and young people with learning disabilities and looked after children **Lead:** Public Health – Kerrie Adams / Anne Pridgeon	TBC March 2017		

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3.5 Utilise data from Health Checks to provide information about prevalence of obesity and access to local weight management services **Lead:** Public Health – Anne Pridgeon	Review local health check dataset for 2015/16 and compare to 2014/15 data (Sept 2016)	Of 21,257 individuals who received NHS Healthchecks in 2014/15: • 199 were underweight, • 7,186 normal weight, • 7,931 overweight, • 3,448 in Obese class I (BMI 30-34.9) • 1,031 Obese class II (BMI 35 – 39.9) • 447 Morbidly obese (BMI ≥ 40) BMI was not recorded or not known for 1,018 individuals. Of 4,779 people who had a NHS Health Check in Q1 2015-16: • 2,923 had a BMI 25+, of which 1,136 had a BMI 30+ or 27.5+ for Asian people • 1,733 were given weight management advice • 1,056 were given dietary advice • 39 were referred to weight management services • 978 people were recorded as inactive or moderately inactive • 161 people were recorded at high risk of CVD • 218 inactive people were signposted to physical activity services.	
3.6 Influence GP practices to maintain an accurate QoF register of adults over 18 with a BMI ≥25 in the last 12 months **Lead:** CCGs: Dr Ian Campbell	Hold an event with CCG's supported by the Academic Health Science Network to consider the local obesity pathway and identify areas of improvement /joint working (May 2016) Action plan developed (Sept 2016)	Invitations have been sent out.	

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4.0 Prevention			
4.1 Ensure that healthy weight, healthy eating and physical activity remain a priority for the commissioning of services for 0-19 age group **Lead:** Public Health - Kerrie Adams	Consultation on Integrated Healthy Child Programme (April 2016) Presentation to TEWS group (Sept 16) Contract to commence (April 2017)	Model developed which includes healthy weight	
4.2 Develop closer working relationships between planners and health to support healthy lifestyles **Lead:** NCC Planning – Nina Wilson	Development of a spatial planning and health document for adoption by Districts – April/May 2016 Development of an engagement protocol for planners and health colleagues (Sept 2016)	Draft spatial planning for health and wellbeing in Nottinghamshire out for consultation (March 2016) Draft Health Impact Assessment developed and piloted on the Mansfield Local Plan.	
4.3 Work with local Food Banks to support individuals with how to make healthy diet choices on a limited budget **Lead:** Public Health – Kathy Holmes	Actions to be identified by Food Poverty Task & Finish Group a subgroup of the Child Poverty (April 2016) Links to be developed with Everyone Health to support healthy diet choices (April 2016)	Presentation on Child Poverty at Jan 2016 OICG meeting	
4.4 Evaluate the Healthier Options Takeaway (HOT) initiative to assess both the effectiveness and impact of this work developing practice based	All districts to focus on signing up a minimum of 12 businesses (Sept 16) Pilot an evaluation on Ashfield businesses (June 16) Evaluation report (March 17)	Report completed on evaluation of processes involved in setting up and implementing initiative (Dec 2015) Over 60 food businesses signed up to HOT initiative (March 2016). Initiative reported in LGA document Tipping the scales: Case studies on the use of planning powers to limit hot food takeaway (January 2016)	

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evidence to inform future work **Lead:** EHO/TSO Obesity Steering Group Chair			
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5.0 Service quality and accessibility			
5.1 Undertake an audit of progress locally against NICE quality standards **Lead:** Public Health – Anne Pridgeon	Develop plan for audit (April 2016) Undertaken audit (May 16 – Sept 16) Review and present findings to steering group (Dec 2016) Identify areas for action by group members (Dec 2016)		
5.2 Commission dietary and physical activity interventions that are evidence based and utilise the Standard Evaluation Framework for diet and physical activity **Lead:** District Councils – Theresa Hodgkinson	Presentation on CLOA to TEWS group – (May 16) Undertake an audit with members of the group to identify all dietary and physical activity interventions that they have commissioned, the evidence base used and how these are being evaluated (Dec 2016) Produce a report with recommendations (March 17)		
5.3 Continue to build capacity of the workforce to have healthy conversations, sensitively raising the issue and signposting to weight management services **Lead:** Public Health – Anne Pridgeon	Monitor uptake of brief intervention training delivered by ChangePoint reviewing numbers and background of those accessing (ongoing)	NCC currently investigating on line BI/MI tool with the potential to be used by the wider workforce. ChangePoint brief intervention training started in Q4 of 2015/16.	

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5.4 Ensure that health and social care staff understand the importance of Vitamin D and promote supplements to at risk* individuals in line with NICE guidance **Lead:** Public Health (Anne Pridgeon with support from CCG (Dr Ian Campbell) *At risk groups: • Pregnant and breastfeeding women • Infants and young children • Older people • Those who have low or no exposure to sunlight	Identify what is currently happening locally to promote awareness and improve vitamin D status of at risk groups and what actions need to be taken (Dec 2016) Review the availability and uptake of Healthy Start supplements (on-going)		
5.5 Influence primary care professionals to use the General Practice Physical Activity Questionnaire (GPPAQ), utilise brief intervention and signpost to physical activity opportunities Lead: - TBC	Partners (Sport Nottinghamshire, District & Borough Councils) to identify what information regarding physical activity opportunities is currently provided to GP practices and if improvements can be made to support primary care to signpost individuals (Sept 2016) Promotion of nationally developed physical activity infographics (on-going) Target brief intervention (BI) training to primary health care staff and monitor uptake by this group (March 2017) Learning from Fit4Life project around promotion of physical activity opportunities	The GPPAQ is already used in Health Checks to assess physical activity levels National physical infographics developed: Adults and older adults - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469457/Physical_activity_infographic.PDF CYP - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/507158/CYP_infographic.pdf	

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	(March 2017)		
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5.6 Encourage primary care to proactively manage those on QoF obesity register and signpost to weight management service, ChangePoint **Lead:** CCG's Dr Ian Campbell	Hold an event with CCG's supported by the Academic Health Science Network to consider the local obesity pathway and identify areas of improvement /joint working (May 2016) Action plan developed (Sept 2016) To review referrals by primary care as part of the ChangePoint service review (March 2017)		
5.7 Implement the maternal obesity pathway so that service provision is equitable **Lead:** Public Health Anne Pridgeon/Kerrie Adams	Awareness of pathway by maternity units and others (April 2016) Monitor referrals of pregnant women into ChangePoint (Sept 2016) Review outcomes achieved and areas for improvement (March 17)	Changepoint has undertaken focused work with maternity units to reinforce, raise awareness and commence implementation of a consistent county-wide service pathway and referral process The service commenced in Bassetlaw integrating direct delivery with the midwifery teams and the service. Promotional material is being developed.	
5.8 Within the first year of the new obesity service contract agree how the outcomes will be measured and obtain baseline data to inform future performance targets **Lead:** Public Health Anne Pridgeon	Agree outcome measures (April 16) Obtain baseline data for outcome measures (Sept 16) Monitor progress against outcomes measures (March 2017)	Defined the five outcomes measures that will be used, the numerator and denominator, data sources along with reliable change. The five outcomes are: • Diet • Physical activity • Mental health and wellbeing • Weight loss in adults • Weight maintenance or weight loss in children and young people.	
5.9 During the second year of the obesity service start to undertake a service review to ensure it is being accessed equitably meeting the needs of	Utilise anonymised dataset from provider to undertake service review (March 2017)		

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the local population and cost effective. **Lead:** Public Health Anne Pridgeon			

National Indicators:

- Obesity is a priority as part of Healthy Lives, Healthy People: A call for action on obesity https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf This has set two national ambitions (Department for Health 2011):
    - A sustained downward trend in the level of excess weight in children by 2020
    - A downward trend in the level of excess weight averaged across all adults by 2020

- Excess weight is an indicator within the Public Health Outcomes Framework (PHOF) 2013-16 (Department of Health 2012):
    - Indicator 2.06i Percentage of children aged 4-5 as overweight or obese
    - Indicator 2.06ii Percentage of children aged 10-11 as overweight or obese
    - Indicator 2.12 Percentage of adults classified as overweight or obese
- Physical activity is highlighted as an indicator within the Public Health Outcomes Framework (PHOF) 2013-16 (Department of Health 2012):
    - Indicator 2.13i proportion of the adult population who reported being active (achieving at least 150 minutes of physical activity per week)
    - Indicator 2.13ii. proportion of the adult population who reported being inactive (doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more)
- Fruit and vegetable consumption is highlighted as indicators within the Public Health Outcomes Framework (PHOF) **2013-16** (Department of Health 2012):
    - Indicator 2.11i Fruit and Veg '5 A DAY'
    - Indicator 2.11ii Average portions of fruit eaten
    - Indicator 2.11iii Average portion of vegetables eaten

Key to RAG Status

	**Completed –** work has been successfully completed to deadline
	**On schedule** – work has started and is meeting milestones
	**Happening but behind schedule** – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made
	**Behind or not happening** – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones
	**No information received**