Nottinghamshire County Council

Report to the Health and Wellbeing Board

27th June 2012

Agenda Item:7

REPORT OF DIRECTOR FOR PUBLIC HEALTH

TACKLING OBESITY IN NOTTINGHAMSHIRE – INCLUDING PHYSICAL ACTIVITY AND HEALTHY EATING – JUNE 2012

Purpose of the Report

1. This report provides information regarding obesity, including physical activity and healthy eating. It outlines the current position in relation to obesity within Nottinghamshire, information on policy drivers, an overview of current service provision as well as recommending further action.

INFORMATION AND ADVICE

What is Obesity?

2. The terms overweight and obesity refers to when weight gain, in the form of fat, has reached a point which affects a person's health. Excess weight gain in adults is caused by an imbalance between 'energy in' and 'energy expenditure'. It is important to maintain weight in a healthy range (rather than having a weight that is too high or too low).

Measurement of Obesity in Adults

3. It is important to establish the ranges of weight at which health risks increase. In adults there are two main methods of assessing whether someone is overweight or obese; Body Mass Index (BMI) and waist circumference. For adults overweight and obesity are commonly defined by Body Mass Index (BMI), which is calculated by dividing an individual's weight in kilograms by the square of their height in metres (kg/m²). This remains relatively constant, regardless of age. Table 1 shows the weight classification and BMI measurement.

Table 1: NICE classification of overweight and obesity in adults

Weight classification	BMI = weight(kg) /height (m)²
Underweight	< 18.5
Normal	18.5 - 24.9
Overweight	25 – 29.9
Obese	30 – 39.9
Morbidly obese	> 40

Source: National Institute for Health and Clinical Excellence, (NICE), 2006

4. However, BMI is not always an accurate predictor of body fat or fat distribution, particularly in muscular individuals, because of differences in body fat proportions and distribution. For this reason it is suggested that waist circumference is used, as this assesses abdominal fat mass or central fat distribution and is linked to disease risk such as Coronary Heart Disease and type 2 Diabetes. The current waist circumference thresholds used to assess health risks in the general adult population are shown in Table 2.

Table 2: Waist Circumference Thresholds for the General Adult Population

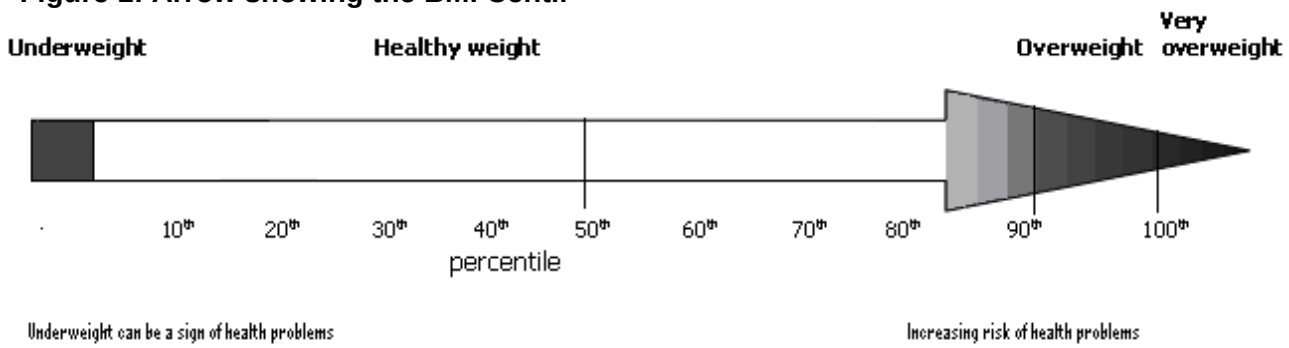
	Male	**Female**
Increased risk	94cm (37 inches) or more	80cm (31 inches) or more
Greatly increased risk	102cm (40 inches) or more	88 (35 inches) or more

Measurement of Obesity in Children

5. Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. Growth patterns differ between boys and girls, so both the age and sex of a child needs to be taken into account when estimating whether their BMI is within a healthy range. Also getting the energy balance right is more complex as growth is only possible if energy in (food intake) is greater than energy expenditure (activity). If there is more than required for appropriate growth, the excess energy will become excess fat.

6. Instead of using fixed BMI thresholds (as in adults) BMI centile growth charts are used to determine whether a child is within a healthy weight range. Once a child's BMI centile has been calculated, they will be in one of four categories, underweight, healthy weight, overweight, and very overweight, as illustrated by Figure 1 below. NICE (2006) recommends that waist circumference should not be used as a means of diagnosing childhood obesity.

Figure 1: Arrow showing the BMI Centil



Why Obesity is a Public Health Issue

7. Obesity is a major public health problem. Unhealthy diets combined with physical inactivity have contributed to an increase in obesity in England and almost a quarter of adults and almost a sixth of children under the age of 11 are obese (the Information Centre, 2009). It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children may be obese (Foresight, 2007). Alongside this, being overweight has become usual, rather than unusual. Obesity threatens the health and wellbeing of individuals and will place a national financial burden in term of health and social care costs, on employers through lost productivity and on families because of the increasing burden on long-term chronic disability (Butland et al. 2007). It is responsible for an estimated 9,000 premature deaths per year in England (National Audit Office, 2001).

Compared with a healthy man, an obese man is:

- Five times more likely to develop type 2 diabetes
- Three times more likely to develop colon cancer
- More than two and a half times more likely to develop high blood pressure - a major risk factor for heart disease and stroke.

Compared with a healthy weight woman, an obese woman is:

- Almost thirteen times more likely to develop type 2 diabetes
- More than four times more likely to develop high blood pressure
- More than three times more likely to have a heart attack.

8. There has been an increase in obesity and type 2 diabetes affecting children and young people in the last decade. These life-shortening conditions, which can lead to other illnesses and which can seriously affect a person's quality of life. It is essential to focus on the causes and to ensure that the rights of children and young people to health and a healthy environment are fully respected. In particular, measures need to be taken to promote healthy nutritional habits and a healthy lifestyle (in the family, at school and in the community), as well as a healthy (natural and built) environment.

At Risk Groups

9. The burden of obesity is uneven across our communities, with certain groups being more at risk e.g. lower socio-economic and socially disadvantaged groups, particularly women. Data on the prevalence of obesity in different ethnic groups is limited because national surveys tend to sample only relatively small numbers from minority groups. However, according to The Health Survey for England (2007), obesity is currently greatest in the Caucasian and Bangladeshi populations (Butland, 2007). Other groups of people at risk includes people with physical disabilities (particularly in terms of mobility which makes exercise difficult), people with learning difficulties, people diagnosed with a severe and enduring mental illness, particularly schizophrenia or bipolar disease (Department of Health, 2006) and older people.

Economic Cost / Opportunity Cost

10. Apart from personal and social costs there are significant health and social care costs associated with the treatment of obesity (Foresight, 2007). In 2002 the House of Commons Health Select Committee estimated that the total annual cost of obesity and overweight for England was nearly £7 billion, of which £1 billion is the direct health service costs (costs of treatment) and the cost of dependence on state benefits and indirect costs such as loss of earnings and reduced productivity. The NHS costs alone linked to overweight and obesity equate to 2.3%-2.6% of total NHS expenditure (2001/2002). Foresight (2007) estimate that by 2050, the cost to the NHS of overweight and obesity could rise to £9.7 billion, with the wider cost to society being £49.9 billion (at today's prices).

Causal Factors

11. The rapid rise in obesity rates has occurred too quickly for genetic changes to be the cause (Swanton and Frost, 2006). Society has experienced many behavioural and environmental changes, for example, in work patterns, transport, food production, leisure activities, food

sales, motorised transport, more sedentary lifestyles and energy-dense diets contributing to a variety of health problems (Foresight, 2007) and causing the population to be obesogenic. According to Foresight, key elements of the wider obesogenic environment, other than diet and physical activity, include:

- The activity environment: the influence of the environment on an individual's activity behavior, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;

- Societal influences: the impact of society, for example the influence of the media, education, peer pressure or culture;

- The food environment: the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home.

Obesity and Diet

12. Good nutrition is vital to good health. Whilst many people in England eat well, a large number do not, particularly among the more disadvantaged and vulnerable in society. In particular, a significant proportion of the population consumes more than the recommended amount of fat, saturated fat, salt and sugar. Such poor nutrition is a major cause of ill health and premature death in England. About one third of cancers can be attributed to poor diet and nutrition. Patterns of food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet can influence obesity rates.

Obesity and Alcohol

13. There is no clear causal relationship between alcohol consumption and obesity. However, there are associations between the two influenced by a number of factors including lifestyle, genetic and social factors. Alcohol accounts for nearly 10% of calorie intake amongst adults who drink (Bates and Lennox, 2009) and there is a lack of public awareness about the calorific content of alcoholic drinks. Also, alcohol lacks most essential nutrients and vitamins.

Obesity and Physical Activity

14. Physical activity is a critical public health issue. Improving physical activity levels has the potential to improve both physical and mental health. Lack of physical activity is associated with increasing risks to health, including heart disease, diabetes, cancer, obesity and musculoskeletal conditions such as osteoporosis. Heart disease, stroke and cancer are the major causes of death in England, accounting for almost 60% of premature deaths. The benefits of regular physical activity are well evidenced. For adults doing 30 minutes of, at least, moderate intensity physical activity on at least 5 days a week helps to prevent and manage over 20 chronic conditions including coronary heart disease and stroke.

National Drivers

Health and Social Care Act 2012

15. From April 2013, upper tier local authorities will be responsible for obesity interventions, locally-led nutrition initiatives and increasing levels of physical activity. Ensuring the effect commissioning and delivery of the National Childhood Measurement Programme will also be one of their five mandatory functions.

Healthy Lives, Healthy People: a call to action on Obesity in England

16. In October 2011 the Department of Health issued "Healthy Lives, Healthy People: a call to action on Obesity in England". This sets out the national strategy to tackling excess weight, and refers to new approach which encourages a wide range of partners to play their part. The strategy sets new national ambitions:

    - 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.

17. The new level of ambition involves adopting a 'life course' approach from pre-conception through to older age. There are specific opportunities and challenges at each stage of the life course and action is needed at all ages to avert the short and long-term consequences of excess weight and to ensure health inequalities are addressed. Action needs to encompass an appropriate balance of investment and effort between prevention, treatment and support. The main components of this new approach are:

    - Empowering individuals
    - Giving partners the opportunity to play their full part
    - Giving local government the lead role in driving health improvement and harnessing partners at local level
    - Building the evidence base.

National Institute for Health and Clinical Excellence (NICE)

18. NICE has produced several guidance documents in relation to the reduction of obesity. This type of guidance is used by commissioners to inform our local strategic approach, and so shapes the services that our patients receive. Current NICE guidance includes:

    - Overweight and obesity prevention and management of both adults and children
    - Promoting physical activity in the workplace
    - Due to be published later this year is public health guidance on Obesity - working with local communities.

Public Health Outcomes Framework

19. Published by the Department of Health, January 2012, there are several indicators directly relating to adult and childhood obesity:

    - Utilisation of green space for exercise/health reasons (from the Monitor of Engagement with the National Environment Survey).
    - Diet (the indicator needs further development at a national level).

- Excess weight in adults (number of adults who are classified as overweight or obese – this data source needs further development although it is likely to be derived from Sport England's Active People Survey. Currently there is only information with regard to obese adults available).
- Proportion of physically active and inactive adults (from the Sport England's Active People Survey).
- Excess weight in 4-5 and 10-11 years olds (from the National Child Measurement Programme).

Local Drivers

20. The Joint Strategic Needs Assessment (JSNA) includes information relating to the challenge of obesity and as a result this issue has been identified as a priority in the Nottinghamshire Health and Wellbeing Strategy. The Nottinghamshire Clinical Commissioning Groups are currently developing their local health priorities, and obesity is being identified as an issue that they wish to address.

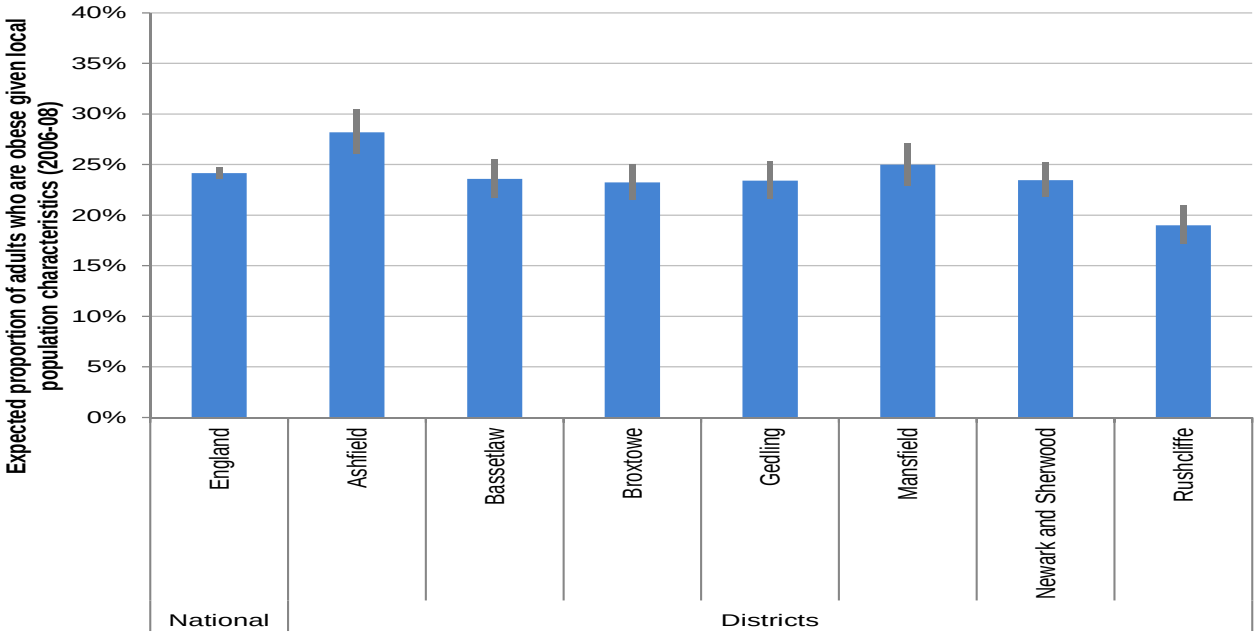
A Picture of Nottinghamshire

Adult Obesity Rates

21. The main source of data on the prevalence of obesity in England is the Health Survey for England (HSE). The East Midlands Public Health Observatory has developed an obesity ready reckoner using HSE data and mid-year NHS population data from 2006. Based on this calculation almost a quarter of adults (24%) across Nottinghamshire are estimated to be obese.

22. Further model-based estimates have been produced at district level (Figure 2). This shows that the adult obesity rate for Rushcliffe is significantly lower than England a contrast with Ashfield where the rate is significantly higher than England. All other districts are not significantly different from England

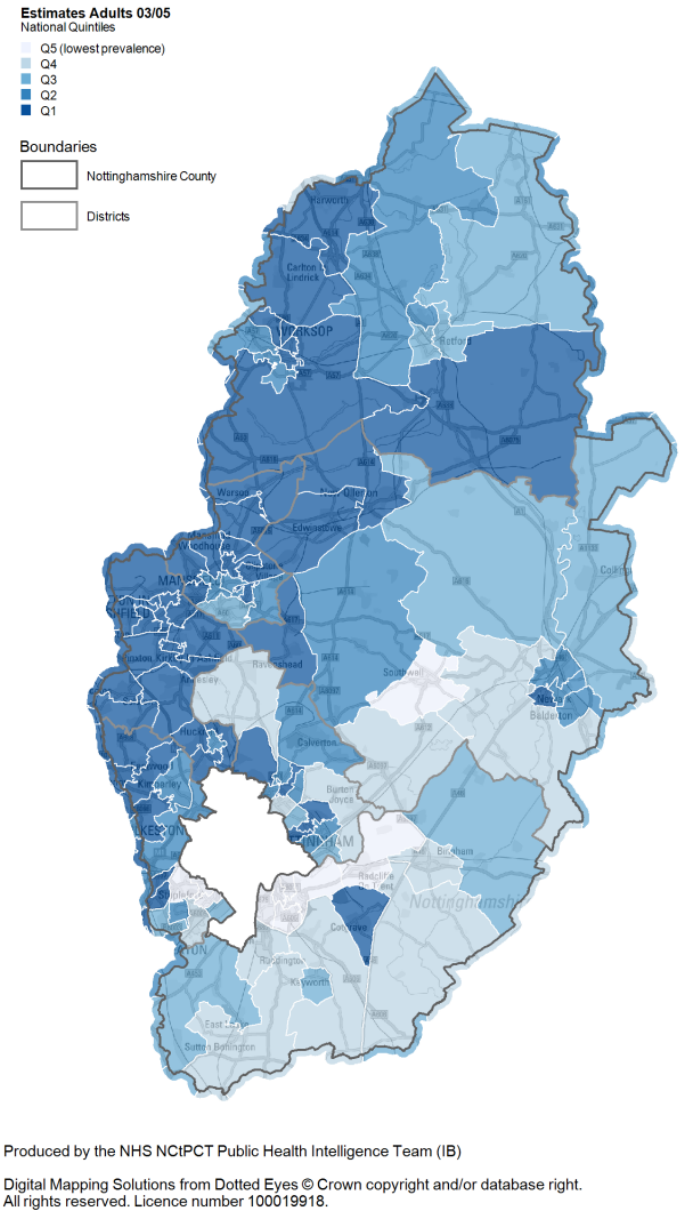
Figure 2: Model-based estimates for adult obesity in Nottinghamshire Local Authorities and England 2006-08



Error bars shown are 95% Confidence Intervals, calculated using the Wilson score method. Indicators which have Confidence Intervals that do not overlap (for different areas or different time periods) can be described as significantly different.
Source: Health Survey for England 2006 to 2008

23. There are national surveys which collect data on all weight categories; however the numbers/sample sizes involved at a local level are too small for any meaningful interpretation. So to drill down further, the Department of Health has produced synthetic estimates at Middle Super Output Area (Figure 3). The darker the colour, the higher the rates of obesity.

Figure 3: Model-based estimate of the proportion of adults who are obese by Middle Super Output Area* in Nottinghamshire, 2003-05



Produced by the NHS NCtPCT Public Health Intelligence Team (IB)

Source: National Centre for Social Care Research with the Health and Social Care Information Centre, Neighbourhood Statistics: LA Model-Based Estimates of Healthy Lifestyles Behaviours: 2003-05

* Middle Super Output Area is a consistent geographical unit based on an average of 7,500 people per unit.

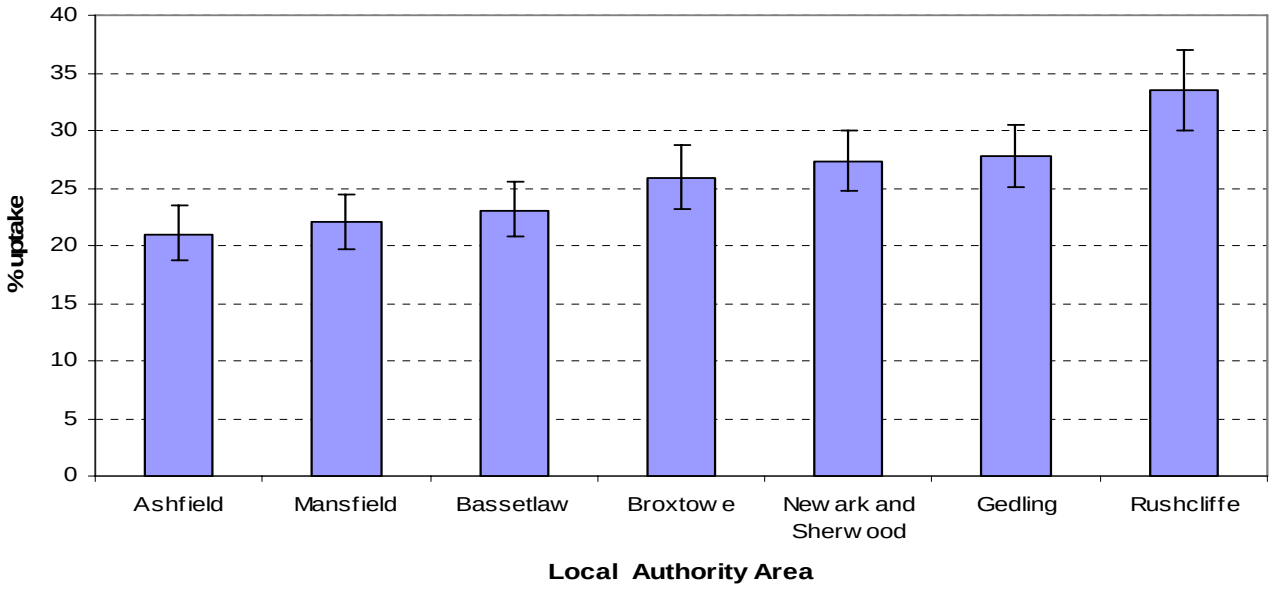
Consumption of Fruit and Vegetables

24. Evidence suggests that eating at least 5 varied portions of fruit and vegetables a day can reduce the risk of death from chronic disease, stroke, and cancer by up to 20%. The national "5-A-DAY" programme is part of a preventative strategy aimed at improving diet and nutrition in the general population. Current guidelines recommend that adults and children should aim to eat five or more portions of fruit and vegetables each day.

25. The 2009 Health Survey for England indicates that more women than men consumed the recommended five or more portions of fruit and vegetables daily (25% of men, 28% of women). These proportions are similar to those reported in 2008, but are slightly lower than in 2006, when 28% of men and 32% of women consumed at least five portions daily.

26. Across Nottinghamshire synthetic estimates of fruit and vegetables consumption show on average 1 in 4 people over the age of 16 consume 5 or more portions of fruit and vegetables. Figure 4 shows the estimated difference in consumption of 5-a-day across the Nottinghamshire Districts. Ashfield has the lowest rate of fruit and vegetable consumption, which is significantly lower than consumption rates in Newark and Sherwood, Gedling and Rushcliffe. The highest consumption rate is from people who live in Rushcliffe.

Figure 4: Synthetic estimates of fruit and vegetable consumption (adults) for local authority areas in Nottinghamshire, 2003-2005

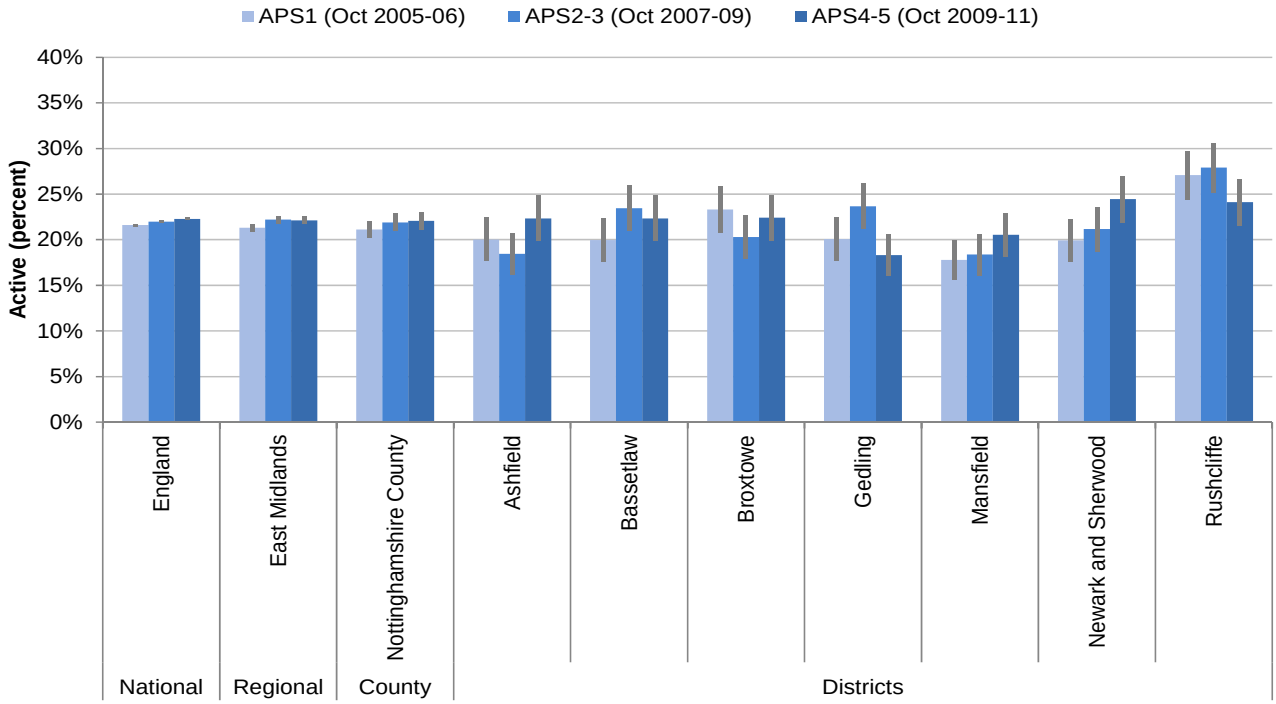


Source: Health Survey for England 2003 to 2005

Physical Activity Participation by Adults

27. Each year Sport England carries out an Active People's Survey (APS). In 2011 the survey was in its fifth year and the results were published in December. Figure 5 shows the percentage of the respondents in District Councils in Nottinghamshire who said that they participate in at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least 3 days a week. Adults who live in Newark and Sherwood and Rushcliffe have the highest rates of physical activity. Rates are lowest in adults from Gedling and these are significantly lower than the national rates.

Figure 5: Active Adults in Nottinghamshire



APS = Active People's Survey

28. Table 3 shows the changes in adults' participation over the years 2005-06 to 2010-11. This illustrates an increase in the rates in Newark and Sherwood, and no change in other areas and across the county as a whole. However, there has been a slight increase across England and East Midlands.

Table 3: Adult Participation in Sport and Active Recreation (16+)

Area	APS* Oct 2005 – Oct 2006 (%)	APS* Oct 2007- Oct 2009 (%)	APS* Oct 2010 – Oct 2011 (%)	Any significant change?
Ashfield	20	18.5	22.4	No change
Bassetlaw	20	23.5	22.3	No change
Broxtowe	23.3	20.3	22.4	No change
Gedling	20.1	23.7	18.3	No change
Mansfield	17.8	18.4	20.5	No change
Newark & Sherwood	19.9	21.2	24.5	Increase
Rushcliffe	27.1	27.9	24.1	No change
England	21.6	22.0	22.3	Slight increase
East Midlands	21.3	22.2	22.1	Slight increase
Nottinghamshire County	21.1	21.9	22.1	No change

*APS = Active People's Survey

Childhood Obesity Rates

National Child Measurement Programme (NCMP)

29. The NCMP was established in 2005, and involves the annual weighing and measuring of all eligible children in reception (aged 4-5 years) and Year 6 (aged 10-11 years). It has two key purposes:

    - To provide surveillance data on the weight status of children
    - To provide parents/carers with feedback on their child's weight status and information with regard to where they can access support and advice.

30. In Nottinghamshire, all parents of children participating in the programme receive feedback. This includes signposting families with children classified as underweight, overweight or obese to appropriate services.

31. From April 2013, the NCMP will be a mandated function of Nottinghamshire County Council. The resource to deliver the programme from April 2013 will be made through the ring-fenced public health grant for local authorities provided by the Department of Health.

NCMP 2010/11 - Participation Rates

32. Table 4 shows the participation rates for Nottinghamshire County comparing it to the East Midlands and England. It shows that Nottinghamshire County has slightly lower participation rates compared with both the East Midlands and England as a whole. However, it remains above the 85% Department of Health (2008) Healthy Weight, Healthy Lives target.

Table 4: Participation Rates by County, Region and England (%) 2010/11

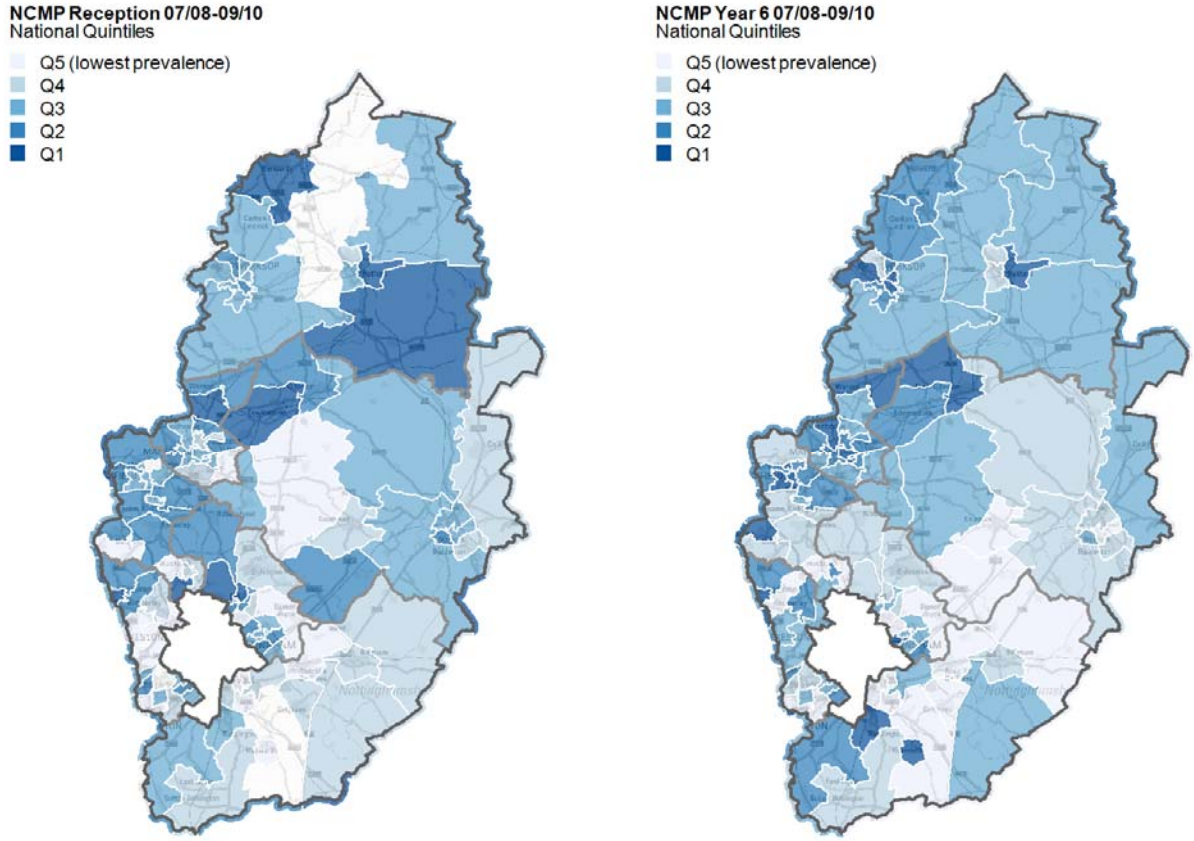
	2010/11	
	Reception (%)	**Year 6 (%)**
Nottinghamshire	89.7	87.2
East Midlands	92.4	92.2
England	93.4	91.8

Source: National Child Measurement Programme Results: The Information Centre

Childhood Obesity Prevalence Rates

33. The results of the NCMP programme enable access to accurate and timely data relating to prevalence in the two cohorts (reception and year 6). Figure 6 shows two prevalence maps of obesity rates in both reception and year 6 for the years 2007/08 through to 2009/10. The darker the colour, the higher the prevalence of obesity.

Figure 6: NCMP Obesity Prevalence Maps for Reception and Year 6, 2007/08 through to 2009/10 pooled data

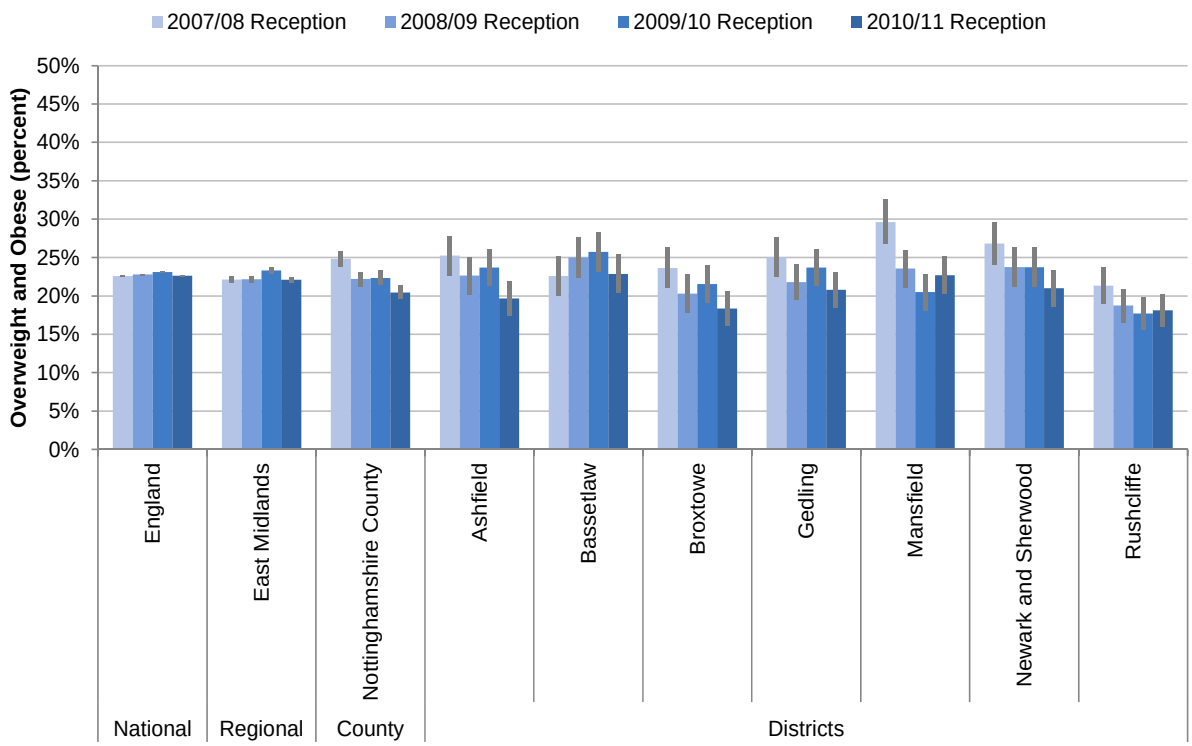


34. With regard to children in reception, Figure 7 shows:

- In 2010/11 there has been a *statistically significant decrease* in the Reception overweight and obesity prevalence rate across Nottinghamshire County over the past four-years. This is mirrored in Ashfield, Broxtowe, Mansfield and Newark and Sherwood.

- There has been *no significant difference* in the overweight and obesity prevalence rate for East Midlands region and England between the years 2007/08 and 2010/11 in Reception Year. This is reflected in Bassetlaw, Gedling and Rushcliffe.

Figure 7: District, County, Regional and National Overweight and Obesity Rates – Reception Year, Years 2007/08 to 2010/11

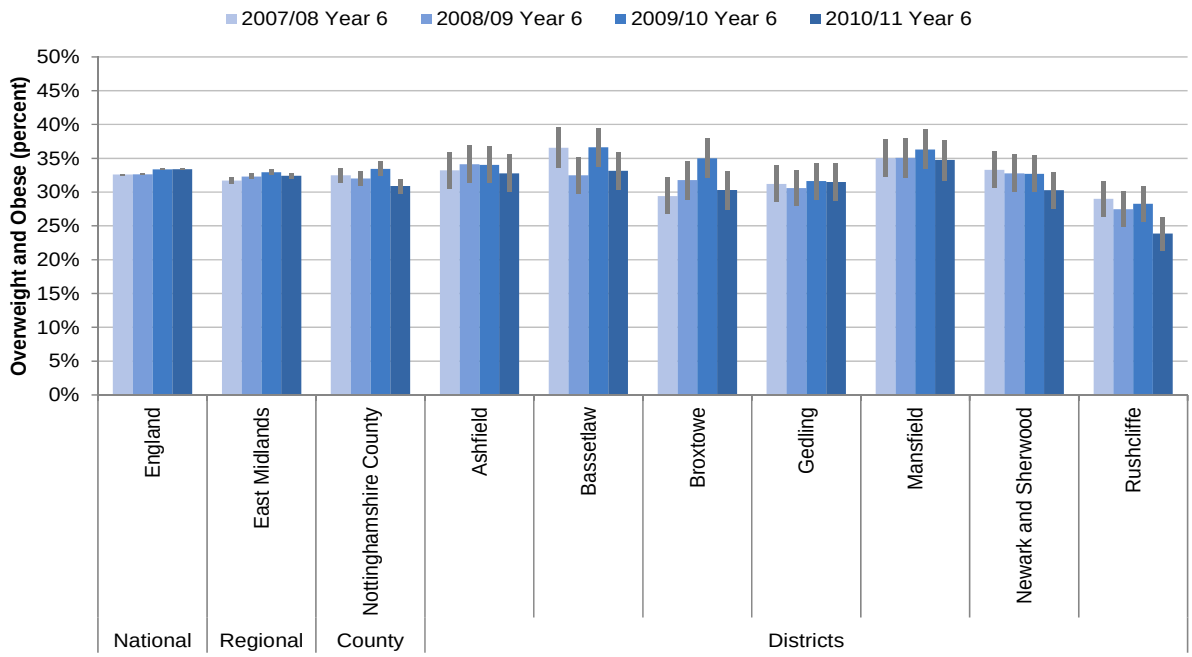


43. With regard to children in year 6 Figure 8 shows:

- There has been *no significant change* in Year 6 overweight and obesity prevalence since 2006/07 in Nottinghamshire County. There is a similar pattern across all districts except Rushcliffe where there has been a slight significant decrease in rates.

- In 2006/07 Nottinghamshire County's Year 6 overweight and obesity prevalence was significantly lower to that of England.

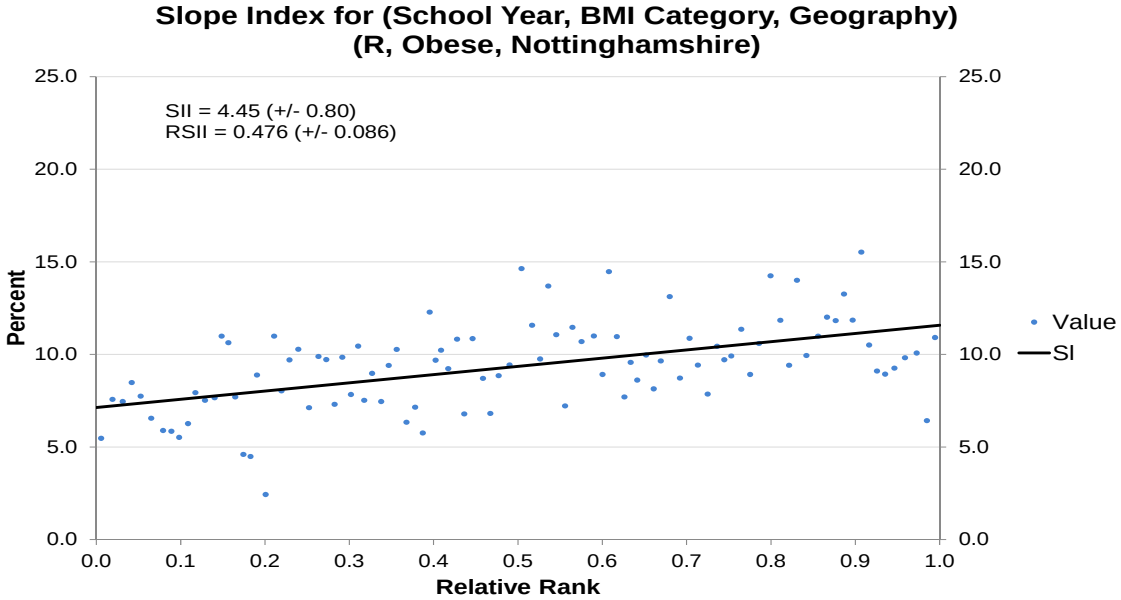
Figure 8: Overweight and Obesity Rates –Year 6, Years 2007/08 to 2010/11



Slope Index of Inequality and the NCMP Results

35. In order to quantify the gap in prevalence of obesity between the most and least disadvantaged areas within Nottinghamshire, the Slope Index of Inequality (SII) has been calculated. This gives a single score based on the relationship between prevalence of obesity (taken from NCMP data) and deprivation scores across the county. The gradient of the SII 'slope' shows the degree of inequality, with greater inequality shown by a steeper gradient. Figure 9 shows the pooled data from 2007/08 to 2009/10 for obese children in reception year, as measured by the NCMP, in Nottinghamshire. Each dot represents approximately 300 children. The figure shows there is a 4.45% difference in obesity rates between reception children who live in the least disadvantaged areas of Nottinghamshire compared to those that live in the most disadvantaged areas. This measure will be used locally to determine the extent to which changes in population prevalence are impacting on inequalities.

Figure 9: Slope Index of Inequality between Reception Year Obese Children across Nottinghamshire



Breast Feeding

36. A large body of published research shows that breast feeding has clear health benefits for both mothers and infants. Breastfed babies are less likely to suffer from conditions such as gastroenteritis, chest, urinary tract or ear infections, diabetes in childhood, and childhood obesity. The World Health Organisation (WHO) recommends exclusive breast feeding for the first six months of an infant's life. This guidance was adopted by the UK health departments in 2003. Patterns of breast feeding can be described using several different measures, and in line with Department of Health requirements, data is collected based on the definitions below:

- Initiation of breast feeding: "the mother puts the baby to the breast, or the baby is given any of the mother's breast milk, within the first 48 hours of birth"

- Prevalence of breastfeeding at 6-8 weeks: "the proportion of babies being breastfed at 6-8 weeks, including babies that also receive infant formula or solid food".

Table 5: Breastfeeding Initiation Rate and Prevalence of Breastfeeding at 6-8 Weeks

	October – December 2011 (Q3 – 2011/12) - %	
	Breastfeeding Initiation Rate	**Prevalence of Breastfeeding at 6-8 Weeks**
England	74.1	49.4
East Midlands	73.0	44.2
NHS Nottinghamshire County	70.3	38.0
NHS Bassetlaw	67.5	33.6

37. Table 5 shows the results for both indicators, as reported for October-December 2011. Rates for NHS Nottinghamshire County and NHS Bassetlaw are lower than both England and the East Midlands.

Action on Obesity

Change4Life - Three Year Social Marketing Strategy (DH, 2011)

38. The Change4Life social marketing programme was launched by the Department of Health in January 2009. Originally it was developed as part of the childhood obesity prevention strategy targeting parents of children aged 5 to 11. Although the programme is government instigated it sought to inspire a broader societal movement through which everyone who had an interest in combating obesity could work together under a common banner.

39. It was estimated that between February 2009 and May 2009 14.3% of NHS Nottinghamshire County residents and 3.14% of NHS Bassetlaw residents had registered, online, with the Change4Life programme. The Change4Life branding continues to be used extensively to promote healthy eating and physical activity messages through:

- The development of Change4Life road-shows in partnership with Nottinghamshire County Council has engaged with schools around the campaign with activity focused on healthy eating
- The development of the Change4Life convenience store project with one store in Mansfield taking part. The aim to increase access to fresh fruit and vegetables particularly in deprived communities
- Local Walk4Life activities in schools and communities
- Branded physical activity projects such as Swim4Life in Mansfield
- The branding of workplace wellbeing schemes
- The rebranding of local obesity training programmes
- The creation of social marketing projects with local communities to help reduce the consumption of sugar sweetened beverages.

40. In June 2012 there will be a national launch of Games4Life. The launch is timed to coincide with preparations for the Olympics. The overall aim is to make England the most active host nation ever, and to help people get more active every day by offering free, personalised, summer activity plans to anyone in England who want one.

Weight Management Treatments and Interventions in Nottinghamshire

41. The complexity and interrelationships of the causes of obesity require the need for a multi-faceted approach. There are four tiers to the treatment and management of obesity, as shown in Figure 10. This triangle illustrates the wider population receive Tier 1 Primary Prevention and as they progress through the tiers, less people receive the intervention/treatment.

42. The current Nottinghamshire obesity strategy, Healthy Weight, Healthy Nottinghamshire 2009-11, is currently structured around five themes, and focuses on interventions in Tiers 2 and 1.

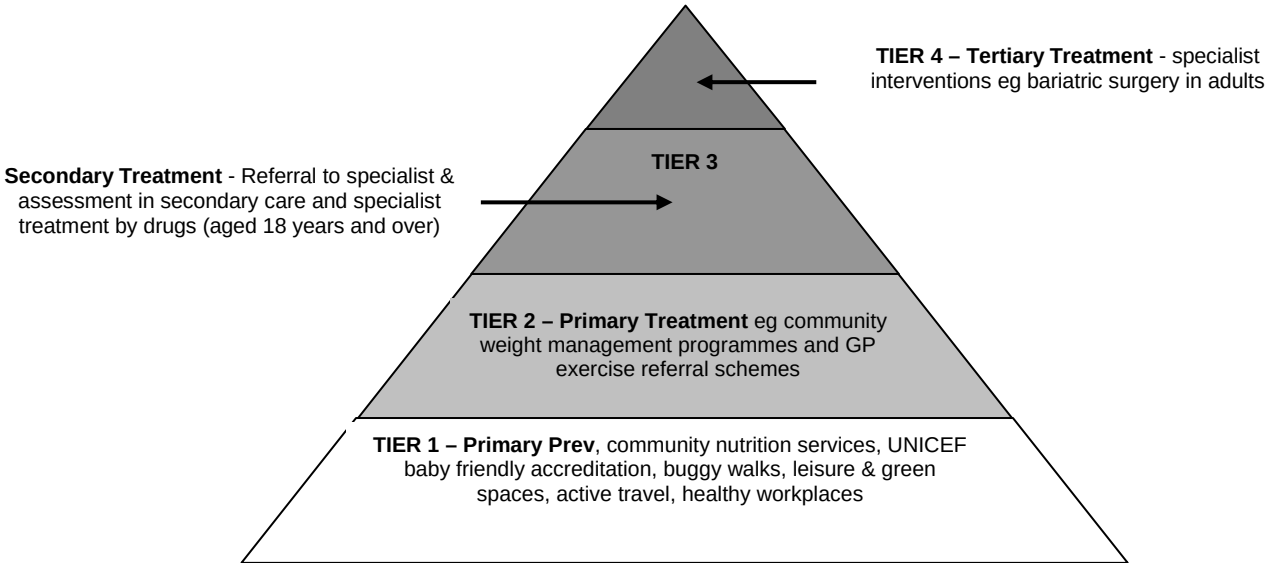
43. Tier 1 focuses on primary prevention. The programmes are listed in Table 6, with a brief overview linking them to the themes from the Nottinghamshire obesity strategy. In addition to the programmes, Public Health staff are supporting districts to refresh their physical activity strategies, for example, the Active Ashfield Strategy. Sport Nottinghamshire is developing a strategy and input is being given to develop work around the theme of getting people in Nottinghamshire are more active, more often.

Table 6: Examples of Tier 1 work that is taking place across the county in support of the strategy themes

Theme	Activity
1. To support a healthy weight in children through healthy eating and physical activity	Play strategies in districts
	National Child Measurement Programme
	Healthy Schools Programme - in the county, 92% of schools have 'Gold' status, which is the equivalent of the National Healthy Schools Standard. The approach taken includes; developing policy and practice in healthy eating, physical activity, Personal, Social Health and Economic and emotional health and wellbeing.
	'Start to Play' programme in all Children's Centre County
	School travel plans
	Implementation of the national Healthy Start programme
	Supporting the Nottinghamshire Community Nutrition Group which meets to share good practice. A Social Marketing seminar took place recently where staff presented their projects, including evaluation.
2. To promote healthier food choices for adults and children in a range of settings	UNICEF Baby Friendly Initiative
	Healthy tuckshops in schools
	Promoting the 5-a-day message
3. To ensure the physical activity is encouraged throughout life	'Raise the Issue' of weight & obesity (Brief Intervention Training) in order to support people to achieve and maintain healthy weight.
	Buggy walks – countywide through districts councils/ NCC
	District Council Physical activity strategies and plans
4. To encourage healthier workplaces	EatWell4Life healthy eating workplace courses
	Through the Local Transport Plan, a programme of cycling and walking network improvements have taken place
5. To maintain and develop access to advice and support on diet, weight and physical activity for adults and children.	Community nutrition service in all districts – delivering a variety of adult and children programmes e.g. Big Cook, Little Cooks, Fun with Food Workshops, weaning cafes/ babies that lunch.
	Children's Centre staff trained to deliver basic healthy eating messages, raise awareness of simple healthy eating messages with all, and develop resources.

44. Tier 2 focuses on primary treatment and includes interventions such as the MEND programme (Mind, Exercise, Nutrition….Do it). Currently there are no Public Health funded MEND programmes in Nottinghamshire. District Councils have been developing Exercise Referral Schemes, for example, Be Healthy, Be Active in Ashfield. Some of these are Public Health funded, but as it is limited, needs to be reviewed to ensure the resources are targeted to the areas of greatest need.

Figure 10: Obesity Model showing the treatment and weight management interventions



45. Tier 3, includes the use of pharmacotherapy. NICE (2006) recommends that drugs should only be considered after dietary, exercise and behavioural approaches have been started and evaluated. They should only be used in adults aged 18 years and over.

46. Tier 4 includes Bariatric Surgery for adults defined as morbidly obese that is if they have a BMI either equal to or greater than 40 kg/m². Surgery to aid weight reduction (bariatric surgery) may be considered for people defined as being morbidly obese when all other measures have failed. In the East Midlands, people must have a BMI of 50 kg/m² and above to be eligible for surgery. The East Midlands Specialised Commissioning Group, currently commission bariatric surgery. This function will transfer to NHS England from 1st April 2013. Estimates indicate 64 people per year across Nottinghamshire will have this intervention.

Further Work Required - Gaps/Risk Areas

47. A priority is the implementation of previously developed and agreed **obesity care pathways for children and adults**. Areas requiring further development are:

- Ensuring front-line health professionals have the skills to work with parents and adults to raise the issue of obesity, assess and signpost to local services (linked to *making every contact count*)
- Providing evidence-based community services for weight management for children and families, and adults with a BMI over 30 with co-morbidities
- Evaluating the impact of current services to support weight reduction/maintenance including exercise referral schemes for adults and children.

48. More effective **links to the delivery of the NHS Health Check programme** is needed. Evaluation of the first year of the programme shows that adults who were at high-risk of developing a long-term conditions, such as diabetes, who had a health check were given advice, but referrals to services, such as weight management and nutrition services were

low. Ensuring a fully funded weight management pathway is in place will increase the referrals of high-risk patients to appropriate services and in the long-term reduce costs.

49. **Resources need to be realigned with areas of highest need**. The NCMP shows no significant change in Year 6 overweight and obesity prevalence since 2006/07 across the County. The previous rise in prevalence has been halted, but a downward trend now needs to be established.

50. **Exercise Referrals Schemes** across the county incorporate two elements; rehabilitation (primarily cardiac) and primary prevention. This is currently being reviewed because from next year the commissioning of the rehabilitation element will be transferred to Clinical Commissioning Groups. Development of a new Exercise Referral Service Specification teasing out rehabilitation is currently underway this will be informed by on previous evaluation recommendations and practice.

51. **A revised local obesity strategy** is currently under development, incorporating the new national ambition for tackling obesity in adults and the indicators from the Public Health Outcome Framework. As part of this, the services that are currently commissioned by Public Health (exercise referral schemes and community nutrition services, currently provided by some district councils and County Health Partnerships) will be reviewed.

52. There is a plethora of good, evidence-based work taking place at a local level. A mapping exercise of what other services, local action and initiatives are taking place in relation to diet and nutrition and physical activity is being undertaken. This will identify any gaps and unmet needs to inform the development of our **commissioning intentions for 2013** onwards to ensure resources are allocated in the most effective way. This will form part of an implementation plan which will outline what needs to be done. Further work will take place to ensure that universal exercise opportunities encourage participation by young people.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

1) Note and endorse the content of the report.

2) Note the mandatory responsibility of the upper tier Local Authority in delivering the National Child Measurement Programme from 1st April 2013, as per national guidance.

3) Endorse the use of earmarked obesity resources in 2012/13 (Primary Care Trust allocation) to develop the identified programme to plug gaps which have been identified. In particular, the development of targeted children and adult weight management pathways and the service redesign of the adult exercise referral schemes to ensure they are ‘fit for purpose’ for April 2013 onwards.

4) Request the development of a full action plan to ensure the issues in this report come to fruition.

CHRIS KENNY
Director of Public Health

For any enquiries about this report please contact:
Barbara Brady
Consultant in Public Health

Constitutional Comments (LMc 12/06/2012)

53. The recommendations in the report fall within the remit of the Health and Wellbeing Board although the Board does not have any decision making powers.

Financial Comments

54. None.

REFERENCES

1) Butland, D.B. et al (2007) Foresight Tackling Obesity: Future Choices – Project Report www.foresight.gov.uk

2) Department of Health (2006). Choosing Health: Supporting the physical health needs of people with severe mental illness. Commissioning Framework. London: Department of Health.

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4) National Institute for Health and Clinical Excellence (2006). Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children. London: NICE www.nice.org.uk/guidance/CG43

5) Nottinghamshire Strategic Group, NHS Nottinghamshire County (2009) Tackling Obesity: Healthy Weight, Healthy Nottinghamshire Strategy 2009-2011.

6) Swarton, K. and Frost, M. (2006) Lightening the Load: tacking overweight and obesity – a toolkit for developing local strategies for tacking obesity in children and adults. The National Heart Forum.

Electoral Division(s) and Member(s) Affected

All.

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