



**4 January 2017**

**Agenda Item: 6**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **TACKLING EXCESS WEIGHT, POOR DIETS AND PHYSICAL INACTIVITY IN NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. This report provides an update on the work to tackle excess weight, poor diets and physical inactivity. There are links to the Director of Public Health Annual Report (2016) particularly chapter 2 that was presented to the Board in December 2016. The Health and Wellbeing Board is asked to:
  - Note the contents of the report
  - Acknowledge the local work being undertaken to tackle excess weight, poor diets and physical inactivity.
  - Support the proposed actions identified in paragraph 62 which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity.

#### **Background**

##### **Excess weight**

2. The terms overweight and obesity (together referred to as excess weight) is when weight gain has reached a point which affects a person's health (WHO, 2014). Unhealthy diets, physical inactivity and sedentary lifestyles have led to an increase in excess weight in recent years.

##### **Why is excess weight an issue?**

3. Obesity during pregnancy increases childhood obesity and infant death as well as impacting on the mother's immediate and future health (CMACE, 2010). Overweight and obese children and young people have an increased risk of becoming overweight adults. Very overweight children face bullying, low self-esteem and school absence.
4. In adults, being overweight or obese is associated with an increased risk of many serious long term conditions including type 2 diabetes, fatty liver disease, cancer, heart disease and musculoskeletal conditions. The risk of poor health increases sharply with increasing weight. Severe obesity can result in physical and social difficulties and is costly on health and leads to increased demands on social care services. Obesity (Body Mass Index [BMI] 30+) reduces life expectancy by an average of 3 years whilst severe obesity (BMI 40+) reduces life expectancy by 8-10 years.
5. It is estimated that the NHS in England spent £5.1 billion on overweight and obesity related ill health in 2014/15. This is more than is spent each year on the police, fire service and

judicial system combined and it does not cover the costs of wider economic and societal impacts including sickness absence, reduced productivity and welfare payments.

### **At risk groups**

6. The burden of obesity is uneven across our communities, with certain groups being more at risk such as lower socio-economic and socially disadvantaged groups. Other groups at risk include those with physical disabilities (particularly in terms of mobility which makes exercise difficult), those with learning difficulties, people diagnosed with a severe and enduring mental illness, particularly schizophrenia or bipolar disease and older people.

### **How do we tackle excess weight?**

7. Excess weight is a complex yet common issue however a whole system approach needs to be taken so that elements of the environment that are 'obesity promoting' are tackled as well as providing people with support to improve their diet and physical activity levels to enable them to be a healthy weight. The prevention of weight gain, beginning in childhood offers the most effective means of achieving healthy weight in the population.
8. Sustained collective leadership, taking a life course and place based approach, is needed to tackle the 'obesity promoting' environment. Coordinated action and integration is required across various Council departments, services and partner organisations including: planning and the environment, environmental health, public health, leisure and fitness providers, transport, health and social care, parks and green space, education and learning early years, housing and third sector utilising assets that are already in place.
9. Some examples of work from other parts of the country are given in documents [Tackling obesity: Local governments new role \(2013\)](#), [Building the Foundations: Tackling obesity through planning and development \(2016\)](#) and [Tipping the Scales: Case studies on the use of planning powers to limit hot food takeaways \(2016\)](#)
10. For those individuals who are already overweight or obese the provision of treatment services that are accessible and appropriate are needed. The tiers of care for managing obesity are given in Appendix 1.

### **Diet**

11. A poor diet is the biggest contributor to the number of "healthy years" lost due to ill health, disability or early death. For everyone over the age of 5 improvements in dietary intake to meet the recently revised Eatwell Guide would have significant benefits to the health of the population.
12. There is an association between deprivation and the number of fast food outlets, with deprived areas having more fast food outlets per 100,000 population. Nationally, local authorities have started to use the legal and planning system to restrict the density of fast food outlets in local areas. Alongside planning policies, improving the quality of the food environment has the potential to influence food purchasing habits. Working with fast food businesses to improve the nutritional quality of the food they sell can improve the accessibility to healthier food choices and encourage people to adopt healthier eating habits.
13. Growing food contributes to active lifestyles, healthy diet and tackling food poverty. It can provide employment, support sustainable development and promote links within and between communities. Food growing in allotments or community gardens promotes inclusion

and social interaction. There is increasing evidence of the impact that gardening has on mental health and recovery from mental ill health.

### **Physical activity**

14. Regular physical activity can prevent or help manage conditions including type 2 diabetes mellitus, heart disease, musculoskeletal health and some cancers. It is a key contributor to energy balance, helping to prevent obesity and excess weight. The Department of Health (DH) recommends that adults take at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity every week. Children over five should engage in at least 60 minutes of moderate to vigorous intensity physical activity every day. The largest health gains occur in people moving from inactive to moderately inactive and from moderately inactive to moderately active.
15. The NICE guidance *Physical activity: brief advice for adults in primary care* recognises that brief interventions are cost effective at increasing physical activity levels and recommends that primary care practitioners use the general practice physical activity questionnaire (known as the GPPAQ) to guide discussions with patients about physical activity.
16. A three year Royal College of General Practitioners (RCGP) Clinical Priority is to be launched in 2017<sup>1</sup>, aiming to embed physical activity and lifestyle (PAL) in primary care, by focusing on:
  - Patients - Supporting GPs to assist ALL of their patients to optimise their physical activity and lifestyle behaviours
  - Active Practices - Inspiring GPs and practice staff to lead by example, transforming their surgeries into beacons of good practice
  - Local community – Facilitating positive relationships between primary care and physical activity and lifestyle providers locally
17. Public Health England and Sport England are currently offering free training sessions (until March 2017) for doctors, nurses and other interested health care professionals in primary and secondary care on delivering effective brief advice on the benefits of physical activity into routine care to make every contact count.<sup>2</sup>

### **Active transport**

18. Creating an environment which encourages people to choose to walk and cycle as part of everyday life can have a significant impact on public health and is an essential component to increasing physical activity and reducing excess weight. Switching more journeys to active travel (such as walking and cycling) will improve physical and mental health, quality of life as well as the environment by improving air quality and reducing congestion. People who live in walkable, mixed-use neighbourhoods have better social connections compared to areas with heavy car use. They are more likely to know their neighbours, trust other people and be socially engaged – all of which have a positive impact on health.

### **Natural environment: green and blue spaces**

19. The natural environment can have an important influence on choices to be physically active or sedentary. Access to high quality open spaces and opportunities for sport and recreation make an important contribution to the health and wellbeing of communities. It is associated

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<sup>1</sup> <http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/physical-activity-and-lifestyle.aspx>

<sup>2</sup> [http://www.bhfactive.org.uk/userfiles/PACC\\_final.pdf](http://www.bhfactive.org.uk/userfiles/PACC_final.pdf)

with positive health outcomes and can promote better mental health, reduce stress and sadness, reduce isolation, improve social cohesion and ease physical health problems.

20. The provision of natural habitats, trees, parks and walkable green space not only helps to promote physical and mental wellbeing, it improves air and water quality and reduces noise levels. Well designed and maintained good quality green space can also increase levels of social contact and integration. Addressing this involves the provision and protection of natural habitats, trees, parks and walkable green space.

### **Planning**

21. Planning applications for new developments could prioritise the need for both adults and children to be physically active as part of their daily life. Designing new and existing local areas so that they are easy and safe to walk and cycle around and provide destinations within walking and cycling distance such as workplaces, homes, schools, public facilities and open space increases their 'walkability' and 'cycleability' and consequently physical activity levels.

## **National strategy and drivers**

### **National Childhood Measurement Programme (NCMP)**

22. The National Child Measurement Programme (NCMP) is an annual programme that records the height and weight measurements of children in state-maintained schools in reception (aged 4-5) and year 6 (aged 10-11 years) across England. The collection period is the academic year, which runs from September to August. The programme provides robust data for the child excess weight indicators in the Public Health Outcomes Framework<sup>3</sup> and is a key element of the Government's approach to tackling child obesity.

23. Nottinghamshire County Council has the statutory responsibility to deliver the National Child Measurement Programme in Nottinghamshire schools. Health Partnerships of Nottinghamshire Healthcare NHS Trust is the provider that co-ordinates and manages the delivery of the NCMP across Nottinghamshire.

24. Findings from the programme are used to inform local planning and delivery of services for children and gather population-level surveillance data to allow detailed analysis of prevalence and trends in weight. Through provision of a child's result to their parents, the NCMP provides the opportunity to raise parents' awareness of their own child's weight status and potential health impacts and provide an opportunity to provide further support to families to make healthy lifestyle changes.

### **Childhood Obesity: A Plan for Action (2016)**

25. The national '*Childhood Obesity: a Plan for Action*' outlines the government's plan to significantly reduce England's rate of childhood obesity within the next 10 years to ensure that every child has the best start in life by encouraging:

- industry to cut the amount of sugar in food and drinks
- primary school children to eat more healthily and stay active

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<sup>3</sup> <http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

The 14 actions include the introduction of a soft drinks industry levy, the reformulation of food, a standard for public sector food procurement, more physical activity in schools, making school food healthier and the creation of a new healthy rating scheme for primary schools.

### **Sustainability and Transformation Plan (STP)**

26. As part of the STP, areas have had to identify action to address obesity, including childhood obesity as part of the radical upgrade in prevention. Addressing excess weight is an element within the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP).

### **NHS Staff Health and Wellbeing**

27. In 2016, NHS England linked incentive payments<sup>4</sup> to improving staff health and wellbeing. This includes making four changes to food and drink provision in NHS premises:

- Banning price promotions on unhealthy food and drink
- Banning advertisements of unhealthy food and drink
- Removal of unhealthy food and drink from checkouts
- Improving affordable, healthy options for night staff.

In addition NHS Trusts are also required to improve their offer of physical activity, weight management, mental health and musculoskeletal support for staff along with improved flu vaccination. In 2017/18 and 2018/19 there will be further incentive payments to encourage additional action including:

- Expanding the number of sugar free drink lines available
- Reducing the portion size of snacks and confectionary
- Reducing the portion size of pre-packed meals

28. The NHS contract now requires any new or renegotiated contract between a Trust and food supplier to meet the mandatory element of the Government Buying Standards to ensure that a minimum acceptable provision of healthier food and drink is provided in all outlets. Other Public Sector organisations in Nottinghamshire should be encouraged to use these in their own provision or as part of service specifications.

29. In addition to the measures above, NHS England is currently consulting on a measure to reduce the sale of sugar sweetened drinks on NHS premises.<sup>5</sup> The two options are a fee to any retailer of sugar sweetened drinks in NHS premises or the banning of sugar sweetened drinks from sale on NHS premises.

### **Public Health England: Everybody Active Every Day (2014)**

30. This identifies that action is required across four areas at both national and local level:

- Active society: creating a social movement
- Moving professionals: activating networks of expertise
- Active environments: creating the right spaces
- Moving at scale: scaling up interventions that make us active.

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<sup>4</sup> <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

<sup>5</sup> <https://www.engage.england.nhs.uk/consultation/sugary-drinks>

### **Sporting Future: A new strategy for an active nation (2015)**

31. This Government strategy for sport and physical activity concentrates on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

### **Sport England: Towards an Active Nation Strategy (2016)**

32. This sets out how to deliver the outcomes in Sporting Future which includes focusing more money and resources on tackling inactivity because this is where the gains for the individual and for society are greatest and investing more in children and young people from the age of five to build positive attitudes to sport and activity as the foundations of an active life.

### **Department for Transport: Draft Cycling and Walking Investment Strategy (2016)**

33. This strategy aims to create a walking and cycling nation with the long term goal that walking and cycling should be a normal part of everyday life, and the natural choice for shorter journeys such as the commute to school, college, work or leisure trips. To achieve this means that communities have access to safe, attractive routes for cycling and walking. The final version was due to be published in summer of this year however it has not yet been published.

### **National Planning Policy Framework and Guidance (2012)**

34. The National Planning Policy Framework (NPPF) requires planners to work in partnership with public health and other organisations in the promotion of healthy communities and help create healthy living environments. Both the NPPF and The National Planning Practice Guidance (NPPG) set out a role for planners to consider health and wellbeing through both the plan-making and decision-making processes.

### **Town and Country Planning Association (TCPA): Planning Healthy Weight Environments (2014)**

35. This sets out six elements to help achieve healthy weight environments: movement and access; open spaces, recreation and play; food environment; neighbourhood spaces; building design; and local economy.

## **A Picture of Nottinghamshire**

### **Public Health Outcome Indicators<sup>6</sup>**

36. The public health outcome indicators relating to excess weight in Nottinghamshire are given in Appendix 2. Information regarding excess weight can also be found at the Nottinghamshire Joint Strategic Needs Assessment ([JSNA](#)): In summary:

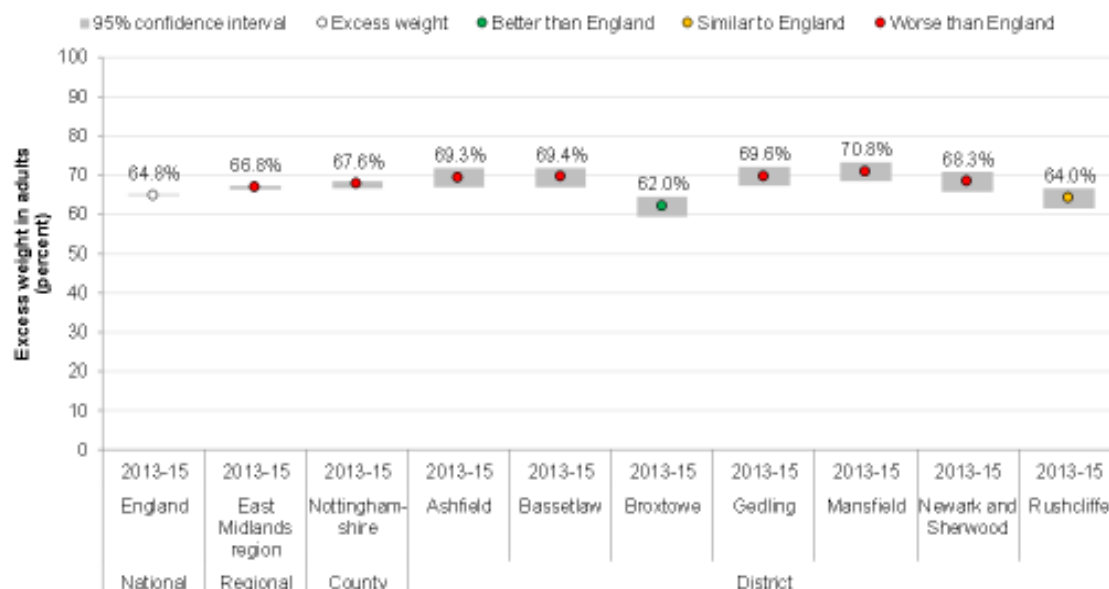
#### **Excess weight in adults**

- Two thirds (over 433,000) of adults are overweight or obese. The percentage of adults with excess weight is significantly worse than the England average. This is mirrored in Ashfield, Bassetlaw, Gedling, Mansfield, Newark and Sherwood (Figure 1).

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<sup>6</sup> <http://fingertips.phe.org.uk/>

**Figure 1: Excess weight in adults (2013-15) for England, East Midlands, Nottinghamshire & Districts.**



Source: PHE Public Health Outcomes Framework (last accessed November 2016)

- Between 2015 – 2019, morbid obesity (BMI greater than 40) in adults is expected to increase by 16% (from 19,000 to 22,100). These are the estimated numbers eligible for the Tier 3 specialist weight management service and potentially Tier 4 bariatric surgical service.

### Excess weight in children

- One in five children aged 4-5 is overweight or obese (Figure 2). This increases to just under one in three for children aged 10-11 (Figure 3). The percentage of obese children in year 6 is more than double that of reception year children.

**Figure 2: Excess weight (overweight and obese) in 4-5 year olds by England, East Midlands, Nottinghamshire and Districts from 2006/07 to 2015/16**



**Figure 3: Excess weight (overweight and obese) in 10-11 year olds by England, East Midlands, Nottinghamshire and Districts from 2006/07 to 2015/16**



- Nottinghamshire has lower participation rates in the NCMP than the England rates for both reception and year 6. In 2015/16, Nottinghamshire had the fifth lowest participation rate for Year 6 in the country.



- There has been a significant decrease in excess weight prevalence rate in reception for Nottinghamshire between 2006/07 and 2015/16 (Figure 2).
- There has been no significant change in excess weight prevalence rate in year 6 between 2006/07 and 2015/16.
- For the period 2011/12 to 2013/14 there is a 12% difference in the year 6 obesity prevalence rates between the least and most deprived areas of Nottinghamshire. The deprivation gap has increased over time for both age groups and continues to widen.

### **5 A DAY in adults**

- The percentage of adults aged over 16 eating at least 5 portions of fruit and vegetables on a usual day is significantly better than the England average.

### **Physically active and inactive adults**

- The percentage of adults aged over 16 achieving at least 150 minutes of physical activity per week is significantly better than the England average.
- The percentage of adults aged over 16 doing less than 30 minutes of physical activity per week is significantly better than the England average. In Mansfield this is statistically worse than the England average.

## **Action on Excess Weight**

### **National campaigns**

37. The [Change4Life](#) programme launched in 2011 is aimed at parents of children aged 5 to 11 as part of childhood obesity prevention whilst the [One You](#) programme launched in March 2016 aims to encourage adults, particularly those in middle age, to take control of their health (including eating and drinking) to enjoy benefits now and in later life. Both campaigns are promoted locally.

### **Local action and interventions**

#### **Nottinghamshire Health and Wellbeing Strategy**

38. The Framework for Action on Tackling Excess Weight (2013-18) and associated plan developed by the Tackling Excess Weight Steering Group (formerly the Obesity Integrated Commissioning Group) provides the delivery mechanism for the Nottinghamshire Health and Wellbeing Strategy to tackle excess weight. It aims to reverse the rising prevalence of excess weight in the population of Nottinghamshire, developing a downward trend in both children and adults. The Health and Wellbeing Board Champion on the group is Dr. Jeremy Griffiths. Group membership includes District/Borough Councils, CCG's, Sport Nottinghamshire, Planning, Transport Plan Manager and Public Health.

39. This framework provides a co-ordinated and comprehensive approach through the prevention, identification, treatment and management of excess weight. It supports individuals across the life-course through working in and with communities, taking an evidence-based approach, building upon existing successes and creating new opportunities to meet gaps in local need to tackle excess weight. The priorities of the plan have been to:

- Increase healthier food choices in fast food outlets
- Work with planners to develop healthy environments

- Establish weight management services for adults and children in each district across the county.

The refresh of the action plan will include local actions to deliver the national Childhood Obesity: A Plan for Action.

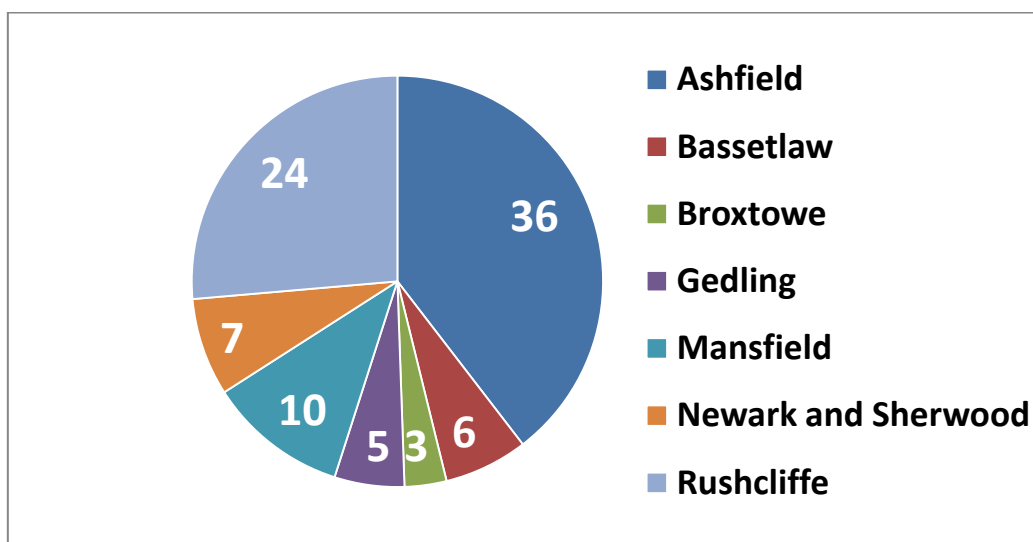
### Healthier Options Takeaway (HOT)<sup>7</sup>

40. In partnership Environmental Health Officers in District and Borough Councils, Trading Standards Officers and Public Health have developed an approach to improve the health of people in Nottinghamshire through healthier eating. The Healthier Options Takeaway (HOT) merit scheme aims to increase the accessibility and awareness of healthier options in hot food takeaways and sandwich shops. Other benefits include:

- Increasing customer choice
- Increasing customer satisfaction and sales
- Enhancing the reputation of the business
- Receiving a certificate and promotional material to display in premises

41. As of 1<sup>st</sup> November 2016, there was a total of 91 businesses who have been awarded the merit (Figure 1).

**Figure 1: Number of businesses signed up to HOT in each district**



42. The following areas have been identified as risks to the delivery of the scheme

- The capacity for Environmental Health teams to deliver and evaluate the scheme
- No budget allocated for future development of the scheme
- The scheme is supported differently across Districts so may not target areas of highest need relating to deprivation and levels of obesity and potentially this could widen health inequalities.

<sup>7</sup> <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/healthier-options-takeaways>

### **District /Borough Council Sport and Leisure**

43. The District and Borough Councils through their Sport and Leisure departments provide sport facilities in each of their districts as well as delivering and supporting opportunities in their areas to increase participation around sport and increase physical activity. This includes Walking for Health that promotes short, easy walks in local areas<sup>8</sup>. They are particularly aimed at people who don't usually take much exercise. The walks are free, sociable and led by trained leaders.

### **Primary PE and School Sport**

44. Since September 2014, all primary schools have received an annual PE and School Sport Premium and will continue to until 2020. Schools spend the funding to improve the quality of the PE and sport activities they offer their pupils. In partnership with area School Games Organisers (SGOs) a comprehensive range of continuous professional development (CPD) programmes for all primary schools in Nottinghamshire is provided to make the programme is sustainable.

### **Community and voluntary sector**

45. The community and voluntary sector deliver sports and physical activity opportunities across the county through community sport clubs with support from Sport Nottinghamshire. Sport clubs link to schools through school sports and satellite clubs.

### **Active Transport**

46. The Strategic Plan for Nottinghamshire and subsequently both the Local Transport Plan and Sustainable School Travel Strategy promote the uptake of walking and cycling, reducing reliance on cars. The County Council has therefore developed a Cycling Strategy Delivery Plan which set out how, working with partners, it will seek to increase cycling levels across the county. The 2011 census data shows that 3% of people in Nottinghamshire aged 16-74 years old (excluding those working at home and not in employment) are travelling to work by bicycle. The target included in the Nottinghamshire Cycling Strategy Delivery Plan is to increase this level from 3% to 10% by 2025.

47. The implementation of the above strategies has included the allocation of integrated transport block funding (as well as securing developer contributions through the planning process) for local transport improvements. These include those that provide targeted walking and cycling infrastructure to enable people to access jobs, training and local services on foot or bicycle. Integrated transport block funding is also used to help level in external funding for such measures. A programme of walking and cycling improvements is developed annually to utilise the funding available; these range from small scale dropped kerbs to strategic cycle networks.

48. One of the key elements of delivering the cycling strategy delivery plan is to develop joined up safe cycle networks in each of the towns in the county. To help deliver these networks the County Council has secured in principle £2.15m of D2N2 LEP Local Growth Funds (subject to independent check of the value for money assessment) that has been allocated

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<sup>8</sup> <https://www.walkingforhealth.org.uk/>

to improving sustainable transport measures in the D2N2 area in locations that have large numbers of planned housing and/or employment development. The funding will be used to help deliver cycle networks in Mansfield, Newark & Sherwood, West Bridgford and Arnold/Mapperley.

49. Infrastructure improvements have been complemented by focussed travel behaviour change campaigns to promote more sustainable travel to work, training, shops and services, to broaden travel horizons, improve air quality and offer realistic alternatives to car trips. There have been significant increases in both walking and cycling amongst those who participated.
50. The County Council has bid for approximately £1m of Access Fund from the Department of Transport to deliver targeted travel plan campaigns to promote more active travel and support the likely investment in cycling infrastructure in Mansfield, Newark and Sherwood, West Bridgford and Arnold/Mapperley and help to address transport related air quality issues in West Bridgford and Daybrook. An announcement on the outcome of this funding bid is due in January 2017.

#### **Natural environment: green and blue spaces**

51. Nottinghamshire County Council and the seven District/Borough Councils together play an important role in promoting parks, open spaces and allotments. They manage and maintain open spaces in the countryside through a network of country parks and cycle routes, including the nationally important Sherwood Forest.

#### **Planning work**

52. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). Priority 5 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments in which to live and work in Nottinghamshire.
53. In October 2015, the Nottinghamshire Health and Wellbeing Stakeholder event, Planning Healthier Environments facilitated by the Town and Country Planning Association (TCPA) brought together key individuals and organisations with the aim to understand how to capture the potential of the planning system to promote healthy communities and tackle obesity. This event was one of a number held across the country and is referenced in the national document: Building the Foundations: Tackling obesity through planning and development.
54. The '*Spatial Planning for the Health and Wellbeing of Nottinghamshire*' document was approved by the Health and Wellbeing Board in May 2016 and all District/Borough Councils agreed to endorse it at a local level. This identifies that local planning policies play a vital role in ensuring the health and wellbeing of the population and how planning matters can impact on health. A health checklist has been developed to be used when developing local plans and assessing planning application to ensure that the positive and negative impacts on health and wellbeing are considered. Planning applications for new developments should prioritise the need for both adults and children to be physically active as part of their daily lives.
55. A '*Planning and Health*' engagement protocol between local planning authorities and health partners is currently being drafted and will be presented to the Board at a future meeting.

This will ensure that health is fully embedded into planning processes, maximising health and wellbeing including tackling the obesity promoting environment.

56. Local Planning Authorities are required to consult the County Council on highway implications of developments and the County Council request walking, cycling and passenger transport improvements to mitigate against impacts of proposed development through this development control process. The planning authorities are, however, responsible for either requesting or securing the necessary works to be delivered by the developer, or requesting and securing the necessary funding from developers and then releasing the funding for such improvements.

### **Obesity Prevention and Weight Management Service – ChangePoint**

57. The Tier 1 – 3 integrated weight management service *ChangePoint* commissioned by Nottinghamshire County Council and delivered by Everyone Health went live on 1<sup>st</sup> April 2015 providing:

- A universal (Tier 1) service to help support everyone (regardless of their weight), from becoming overweight or obese raising awareness of the importance of maintaining a healthy weight, by eating more healthily and by being more active
- Front line training to health and social care staff to ensure consistent messaging and the ability to raise the issue, making every contact count.
- A Tier 2 service providing targeted prevention and early intervention services to those at high risk of obesity that encourage healthier lifestyles by increasing physical activity, reducing sedentary behaviour and improving dietary choices
- A specialist Tier 3 service for adults, children and young people including post bariatric surgery support and including Orlistat prescription
- A weight management service before, during and after pregnancy for women with a BMI greater than 30, working closely with key professionals, including midwives and health visitors.

58. The service takes self-referrals and accepts referrals from GPs and primary care staff who identify patients via their obesity registers, as part of NHS Health Checks and those at high risk of developing diabetes who require support with their weight.

59. The challenges for the service have included high referral rates into parts of the adult service of which, a proportion have been inappropriate. Contact cards / call to action cards have been developed and distributed to all GPs to encourage more self-referrals. There has been poor uptake of the Children and Young Peoples element of service. Links are to be strengthened to the Integrated Healthy Child and Public Health Nursing Programme for 0-19 year delivering the NCMP and the service has worked with Nottinghamshire Fire and Rescue service to develop a 'Fire Fit' programme for 11-18 year olds. There have also been a low number of referrals from maternity services. The service is developing closer links with the maternity services and working closely with Children's Centres to improve this.

### **Recent changes in the commissioning responsibilities of the obesity care pathway**

60. Responsibility for the commissioning of Tier 4 severe and complex obesity services (bariatric surgery) became the responsibility of Clinical Commissioning Groups (CCGs) from 1<sup>st</sup> April 2016 having previously been commissioned by NHS England. The commissioning of surgical treatment of children under 18 years will remain with NHS England.

61. It has been unclear who is responsible for the commissioning of Tier 3 specialist weight management services. Recent NHS England guidance<sup>9</sup> states that this is the responsibility of CCGs and they now need to fund and commission this element. An options appraisal paper has been developed and discussions will take place with CCGs regarding this.

#### **Action and support required from the Health and Wellbeing Board**

62. To ensure that Nottinghamshire is taking a whole system approach to this area of work, the following actions are recommended. Some of these actions link closely to recommendations within the Director of Public Health Annual Report (2016) particularly chapter 2 that was presented to the Board in December 2016:

- a. Each partner organisation to identify a champion to advocate for and embed work to tackle excess weight, poor diets and physical inactivity into their own strategies and action plans.
- b. To promote and encourage GP practices in Nottinghamshire to support the RCGP clinical priority to embed physical activity and lifestyle in primary care.
- c. To promote the importance of the National Child Measurement Programme and encourage more parents and children to take part.
- d. To encourage all public sector organisations to provide healthy food for staff and visitors in line with what the NHS is doing.
- e. To ensure that District /Borough Councils increase the number of fast food businesses that are signed up to the Nottinghamshire HOT merit scheme and utilise their planning powers to restrict the number of fast food outlets.
- f. To continue to invest in safe walking and cycling infrastructure developments linking people to jobs, training and services (including a joined up, safe and well connected cycle network across the County)
- g. To support the targeting of behaviour change campaigns to inform, encourage and enable people to make more walking and cycling trips more often.
- h. To ensure that Nottinghamshire County Council and the District/Borough Councils protect, increase and improve green and blue space particularly in our most deprived communities and that access to these spaces is encouraged and improved.
- i. To ensure that District/Borough councils endorse the 'Spatial Planning for Health and Wellbeing of Nottinghamshire.'
- j. To secure support for the Nottinghamshire Planning and Health Engagement Protocol' across Local Planning Authorities and all Health Partners.

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<sup>9</sup> <https://www.england.nhs.uk/resources/resources-for-ccgs/#obesity>

- k. To encourage District/Borough councils to ensure that planning applications for new housing developments prioritise the need for both adults and children to be physically active as part of their daily life.
- l. To encourage District/Borough councils to work with housing developers to promote active travel, protect green space and ensure that developments are appropriately designed.
- m. To continue to invest in the delivery of activities related to diet, physical activity and weight management

### **Other Options Considered**

63. This report takes account of national best practice to tackle excess weight, poor diets and physical inactivity.

### **Reason/s for Recommendation/s**

64. To ensure that the Health and Wellbeing Board has an overview on the work to tackle excess weight, poor diets and physical inactivity and considers ways in which it can continue to support and overcome some of the challenges there are locally to tackle excess weight, poor diets and physical inactivity.

### **Statutory and Policy Implications**

65. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

The Health and Wellbeing Board:

- 1) Notes the contents of the report
- 2) Acknowledges the local work being undertaken to tackle excess weight, poor diets and physical inactivity.
- 3) Supports the proposed actions identified in paragraph 62 which are designed to ensure that Nottinghamshire is taking a whole system approach to tackle excess weight, poor diets and physical inactivity.

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### **Constitutional Comments (SMG 20/12/2016)**

66. The proposals set out within this report fall within the remit of the Health and Wellbeing Board.

### **Financial Comments (DG 20/12/2016)**

67. This report is for note only, there are no financial implications.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Centre for Maternal and Child Enquiries (CMACE). [Maternal obesity in the UK: Findings from a national project](#). (2010)
- Nottinghamshire County Council [Local Transport Plan](#) (2011-2026)
- Report to the Health and Wellbeing Board: Tackling Obesity in Nottinghamshire – Including Physical Activity and Healthy Eating – June 2012
- [National Planning Policy Framework](#) (2012)
- [National Planning Practice Guidance](#) (2012)
- Nottinghamshire Framework for Action in Tackling Excess Weight (2013-2018)
- Public Health England, Local Government Association & Chartered Institute of Environmental Health Healthy People, Healthy Places Briefing: [Obesity and the environment: regulating the growth of fast food outlets](#). (2013)
- LGA/PHE [National Child Measurement Programme: briefing for elected members](#) (2013)
- LGA [Tackling obesity](#) Local governments new role (2013)
- NICE (PH44) Physical activity: brief advice for adults in primary care. 2013
- Nottinghamshire County Council [Strategic Plan](#) (2014-2018)
- NHS England [Five Year Forward View](#) (2014)
- Public Health England [Everybody Active Every Day](#) (2014)
- Nottinghamshire Health and Wellbeing Board [Nottinghamshire Health and Wellbeing Strategy](#) (2014-2017)
- WHO [Obesity and overweight](#) (2014)
- NHS England: Report of the working group into: [Joined up clinical pathways for obesity](#) (2014)
- TCPA [‘Planning healthy weight environments’](#) (2014)
- Institute of Health Equity (IHE) [Local action on health inequalities: Improving access to green spaces](#). Public Health England (2014)
- Nottinghamshire County Council [Nottinghamshire Sustainable School Travel Strategy](#) (2015)
- HM Government: [Sporting Future](#): A new strategy for an active nation (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Physical activity](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Diet and nutrition](#) (2015)



- DEFRA [Sustainable procurement: the GBS for food and catering services](#) (2015)
- Nottinghamshire Joint Strategic Needs Assessment: [Excess weight in children, young people and adults](#) (2016)
- [Building the Foundations](#): Tackling obesity through planning and development (2016)
- [Tipping the Scales](#): Case studies on the use of planning powers to limit hot food takeaways (2016)
- [Spatial Planning for the Health and Wellbeing of Nottinghamshire](#) (2016)
- The [Eatwell Guide](#) (2016)
- Public Health England [Working Together to Promote Active Transport. A briefing for local authorities.](#) (2016)
- HM Government. [Childhood Obesity: A Plan for Action](#) (2016)
- Sport England: [Towards an Active Nation Strategy](#) (2016)
- NHS England Transfer of Commissioning Responsibility to CCGs for Adult Obesity services 2016/17 [Guidance for CCGs](#) (2016)
- Department for Transport [Draft Cycling and Walking Investment Strategy](#) (2016)
- [Nottinghamshire Cycling Strategy Delivery Plan](#) (2016)

### **Electoral Division(s) and Member(s) Affected**

All

### See items in the Chairs Report:

31. Physical activity strategy summary: transforming activity levels by 2020
32. Tackling inactivity: your essential guides
33. Cycle BOOM: can cycling help older people maintain their health & wellbeing?



**Appendix 1: The tiers of care for managing obesity as described in the NHS England: Report of the working group into: [Joined up clinical pathways for obesity](#):**

- **Tier 1 Preventative programmes:** Universal public health interventions aimed at prevention and reinforcement of healthy eating and physical activity messages across the life-course
- **Tier 2 Weight management service:** Lifestyle weight management advice delivered in the community to children, young people with a BMI above 91<sup>st</sup> centile and adults with a BMI above 30.
- **Tier 3: Specialist weight management service:** Community or hospital based, potentially with outreach delivered by a team led by a specialist obesity physician including specialist dietetic, psychological and physical activity input. For those children and young people with a BMI above 98<sup>th</sup> centile and adults with a BMI above 40. Includes provision of lifetime specialist follow up on a 'shared care' basis 24 months post-operatively.
- **Tier 4: Severe and complex obesity services (bariatric surgery and after care for 2 years):** Specialist obesity medical and surgical multidisciplinary team. Referral by a Tier 3 service for those patients who have undergone an optimum level and duration of assessment and engagement with the tiered weight management service pathway so that referral for surgery is at the most appropriate time for the individual meeting NICE criteria. Surgical intervention is treatment of choice for adults with BMI greater than 50 and for adults with a BMI greater than 40 or 35 with serious co-morbidities that would be improved with weight loss. Obesity surgery is also recommended by NICE for patients with a BMI 30-35 with recently diagnosed diabetes mellitus.



## Appendix 2: Public Health Outcomes Indicators <http://www.phoutcomes.info/public-health-outcomes-framework>

### Excess weight in adults (2013-15)

In Nottinghamshire, 67.6% of adults are overweight or obese (Public Health Outcomes Framework Indicator 2.12 Data from Active People Survey, Sport England 2016). This is **statistically worse** than the England average of 64.8%. For districts:

- Ashfield 69.3% (statistically worse than the England average)
- Bassetlaw 69.4% (statistically worse than the England average)
- Broxtowe 62% (statistically better than the England average)
- Gedling 69.6% (statistically worse than the England average)
- Mansfield 70.8% (statistically worse than the England average)
- Newark and Sherwood 68.3% (statistically similar to England average)
- Rushcliffe 64% (statistically similar to the England average)

### Excess weight in 4-5 year olds

In Nottinghamshire 21.3% of children aged 4-5 are overweight or obese (National Child Measurement Programme 2015/16). This is **statistically similar to** the England average of 22.1%. For districts:

- Ashfield 23% (statistically similar to the England average)
- Bassetlaw 22.5% (statistically similar to the England average)
- Broxtowe 19.5% (statistically better than the England average)
- Gedling 24.2% (statistically similar to the England average)
- Mansfield 22.9% (statistically similar to the England average)
- Newark and Sherwood 21% (statistically similar to the England average)
- Rushcliffe 15.6% (statistically better than the England average)

### Excess weight in 10-11 year olds

In Nottinghamshire 30.3% of children aged 10-11 are overweight or obese (National Child Measurement Programme 2015/16). This is **statistically better** than the England average of 34.2%. For districts:

- Ashfield 33.6% (statistically similar to the England average)
- Bassetlaw 31.7% (statistically similar to the England average)
- Broxtowe 29.9% (statistically better than the England average)
- Gedling 31.1% (statistically better than the England average)
- Mansfield 31.8% (statistically similar to the England average)
- Newark and Sherwood 32.8% (statistically similar to the England average)
- Rushcliffe 21.6% (statistically better than the England average)

### 5 A DAY – adults

In Nottinghamshire 56.2% of adults are eating 5 portions of fruit and vegetables on a usual day (Public Health Outcome Indicator 2.11i. Data from Active Peoples Survey, Sport England, 2015). This is **statistically better** than the England average of 52.3%. For districts:

- Ashfield 56.8% (statistically similar to the England average)
- Bassetlaw 58.2% (statistically better than the England average)
- Broxtowe 59% (statistically better than the England average)
- Gedling 54.4% (statistically similar to the England average)
- Mansfield 48.5% (statistically similar to the England average)

- Newark and Sherwood 58.6% (statistically better than the England average)
- Rushcliffe 56.8% (statistically similar to the England average)

### Physically active adults

In Nottinghamshire 59.5% of adults aged over 16 are achieving at least 150 minutes of physical activity per week (Public Health Outcome Indicator 2.13i. Data from Active People Survey, Sport England, 2015). This is **statistically better** than the England average of 57%. For districts:

- Ashfield 57.4% (statistically similar to the England average)
- Bassetlaw 62.6% (statistically better than the England average)
- Broxtowe 54.7% (statistically similar to the England average)
- Gedling 64.8% (statistically better than the England average)
- Mansfield 50.8% (statistically worse than the England average)
- Newark and Sherwood 60.1% (statistically similar to the England average)
- Rushcliffe 65.2% (statistically better than the England average)

### Inactive adults

In Nottinghamshire 26.1% of adults aged over 16 are classified as 'inactive' (Public Health Outcomes Framework Indicator 2.13ii. Data from Active People Survey, Sport England, 2015). For Nottinghamshire this is **statistically better** than the England average of 28.7%. For districts:

- Ashfield 28.8% (statistically similar to the England average)
- Bassetlaw 23.5% (statistically better than the England average)
- Broxtowe 29.7% (statistically similar to the England average)
- Gedling 22.5% (statistically better than England average)
- Mansfield 33.2% (statistically worse than the England average)
- Newark and Sherwood 25.2% (statistically similar to the England average)
- Rushcliffe 19.9% (statistically better than the England average)

*Inactive is defined as doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more.*