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ITEM 7

Health and Well-being Overview and Scrutiny Committee

SOUTH WEST ESSEX OBESITY STRATEGY 2012-13

Report of: Debbie Maynard Head of Health Improvement – NHS South Essex

This report is Public

Purpose of Report: Update on the current position of Obesity Prevention and Management Services across the South West Essex to include specific details around the Thurrock population.

EXECUTIVE SUMMARY

The prevalence of obesity has risen dramatically in the last 20 years and is now estimated to cost more to the economy than smoking. Thurrock has a high prevalence of obesity in adults and children as compared with geographical, CIPFA and regional comparators. Obesity prevalence across Thurrock is linked to deprivation showing a clear health inequality, with the greatest prevalence of obesity in the more deprived wards.

This report updates the Health Overview and Scrutiny Committee on the current position within Thurrock Council.

1. RECOMMENDATIONS:

- 1.1 Health Overview and Scrutiny Committee note this report**
- 1.2 Health Overview and Scrutiny Committee champion the need to review policy and strategy with respect to the reduction in the levels of obesity in Thurrock.**

2. INTRODUCTION AND BACKGROUND:

2.1 Introduction

This report is made at the request of the Health Overview and Scrutiny Committee.

The purpose of this paper is to set out the details of the South West Essex Obesity Strategy for 2012/13 and moving into 2013/14.

This year the public health team, who have co-located into the council, will be developing local weight management programmes which will be responsive to the feedback from the engagement with our communities jointly through the HWB work programme.

We hope to work closely with the Council to tackle the wider determinants of the increasing trend in obesity, including working with transport, planning, adult social care, the children's workforce and also working with partners such as retailers, schools and businesses.

2.2 Background

2.2.1 Obesity and Health

The need to tackle the problem of obesity relates to the undisputed evidence that obesity is a risk factor for a range of health problems. The four most common and is a cause of medical problems linked to obesity are coronary heart disease, hypertension, type 2 diabetes and osteoarthritis. The incidence of all these conditions increases with increasing body weight (Jung, 1997, NHS Centre for Reviews and Dissemination). Being overweight or obese also has a negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical and mental health and wider economic and social costs. The prevalence of obesity has risen dramatically in the last 20 years and it is now estimated to cost more to the economy than smoking.

Body Mass Index (BMI) is a calculated measure from a person's height and weight used to highlight if the person may have excess body fat. A BMI of 25 or more is classified as overweight and 30 or more is classified as obese and a commonly used measure of obesity. A BMI of 25+ indicates that the person's health could be at risk.

2.2.2 Local Picture

Thurrock is estimated to have a higher percentage of obese adults than its geographical neighbours of Basildon, Havering and Brentwood. Thurrock's estimated percentage obese adults is also significantly greater than the national average of 24.1% and the east of England average of 23.58%

Thurrock's prevalence of obese adults is significantly higher than the national and East of England average and is near the top of the range of CIPFA comparator local authorities which is a comparison group measured by the similarity between the authorities based upon a wide range of socio-economic indicators; this shows that there is a larger percentage of obese adults in Thurrock than other similar areas.

PCTs collect height and weight data on all primary school children in reception year (ages 4/5) and year 6 (ages 10/11). The latest data from the National Child Measurement Programme (NCMP) was released by the Information Centre (IC) in December 2011. This data release reports on the results of the measurement of children in primary school reception year and year 6 during the 2010/11 academic year.

In Thurrock in the school year 2010-11, 11.1% of children in reception (age 4-5) measured as obese and in year 6 (aged 10-11) just over 25.4% measured obese. These figures are in the top quintile in the East of England, this means the percentages are in the highest 20% in the region as a comparison with other local authorities.

When combining overweight and obese, in the school year 2010-11, 25.1% of children in reception (age 4-5) measured as overweight and obese and in year 6

(aged 10-11) 39.7% measured overweight and obese. These figures are the highest in the East of England for 2010-11 school year.

Further detail on adult and childhood obesity to MSOA (Middle Super Output Areas) level can be seen in Appendix A.

2.2.3 Current Activity and Services

The public health team are currently working with their providers North East London Foundation Trust (NELFT) to split the current activity and contracts between Essex County Council and Thurrock Council, with an expected timescale October 2012. From 1 April 2013, obesity programmes will be reported for Thurrock only. Early indication of this split is showing that the current level of activity using 2011/12 is Essex 49% and Thurrock 51%.

- **Adult Weight Management Services**

Clients with a BMI of >25 (classification of overweight) - the aim of the adult weight management programmes is for participants to identify a positive change to their lifestyle in line with individual course objectives on eating a balanced diet and increasing physical activity levels designed, market tested and marketed for delivery to identified market segments in the 4th and 5th quintile MSOA (those in the 40% most deprived MSOAs). Those with a BMI between 25 and 30 will be offered lifestyle advice and, if required, a one to one intervention from a Health Trainer, providing a tailored programme of goal setting and support in lifestyle behaviour change. Follow up contact will also be made at 3, 6 and 12 months following completion of the programme.

Clients with a BMI >30 (classification of obese) will be offered a 12 week programme incorporating exercise, relaxation (including breathing techniques) and education. Follow up contact will also be made at 3, 6 and 12 months following completion of the programme.

The NHS Health Check programme (formerly known as 'vascular checks') is an initiative which offers preventative checks to all those aged 40 -74 to assess their risk of vascular disease (heart disease, stroke, diabetes and kidney disease) followed by appropriate management and interventions to help them reduce or manage that risk. The aim of the programme is to ensure greater focus on the prevention of vascular disease and a reduction in health inequalities.

All PCTs were expected to begin implementation of this programme in 2009/10, with the assumption that roll-out would be completed by 2012/13. This means that PCTs would be inviting 20% of their population every year as part of a 5 year rolling programme, and targets are set by the Department of Health to achieve this. The NHS Health Check programme will be one of the mandatory services for local authorities from 1st April 2013

All of the above activities will take place within the commissioned capacity of the services.

- **Childhood Weight Management Services**

We currently commission child weight management programmes with NELFT which we are in the process of reviewing and re commissioning in 2012/13. We will use the results of the HWB stakeholder engagement exercise to help shape the new model

Since 2005/6, PCTs have been required to collect height and weight data for all primary school children in reception year (ages 4/5) and year 6 (ages 10/11) as a part of the National Childhood Measurement Programme (NCMP).

As part of the NCMP there are targets to ensure there is adequate coverage in the measurement of children for the accuracy and reliability of the surveillance data.

In addition to these targets, the new Public Health Outcomes Framework monitors excess weight in 4-5 and 10-11 year olds, with the expectation that we will reduce the proportion of children who are classified as obese through the NCMP.

A service is commissioned to support the promotion and implementation of breastfeeding and the introduction of solid food; a national programme aimed at increasing uptake of vitamins for mothers and babies; healthy start voucher scheme for families on low incomes to support the increase in consumption of fruit and vegetables; and programmes of family orientated child weight management and lifestyle.

We also commission community breastfeeding services due to the evidence that exists around breastfed babies having healthier weights when growing up.

3. ISSUES AND/OR OPTIONS:

- 3.1 The increasing trend in obesity is a complex one, and one which the Foresight Report in 2007 reported that in order to understand and prevent it we have to recognise that this is more complex than just helping individuals to change their diet and to take up exercise. Factors include: genetic disposition, early life nutrition and growth, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education, social and economic factors and the influence of the media (Foresight 2007).
- 3.2 In order to address the issue we need to consider the full range of factors which influences weight.
- 3.3 There is a required need to ensure that there is support for those individuals who are overweight and obese to adopt a healthier lifestyle and to manage their weight. This includes a spectrum of interventions, from purely preventive brief advice on weight loss through to weight management services and ultimately surgery, commissioned and provided in an integrated way which makes efficient use of different routes into support and different kinds of provision, backed by an agreed local pathway.
- 3.4 There is a need to optimise the positive impact (and mitigate any adverse impacts) of local policy and strategy jointly together on obesity levels. Key policy areas which should be considered are:
 - Planning - planning rules to benefit a healthier lifestyle, existing planning levers to limit the growth of fast food takeaways particularly in locations close to schools and colleges. Planning of the built environment to encourage and promote physical activity, walking and cycling.
 - Parks and leisure – use of green spaces and other opportunities for physical activity and sport, ensuring the widest possible access to opportunities to be physically active through the use of parks and other outdoor spaces, as well as drawing upon sport and leisure services.
 - Transport – sustainable transport plans, promoting and enabling active travel.

- Controlling obesogenic food and drinks - Catering provision in local authority and education premises, working with local businesses and partners to increase access to healthy food choices, provision and use of allotments and the growing of (healthy) food.
 - Community Safety – ensuring people feel safe to travel actively, use parks and open/green spaces for active leisure.
 - Asset Based Community Development – utilising local strengths and assets in communities to support the promotion and uptake of healthy lifestyles.
- 3.5 The role of Health Overview and Scrutiny Committee and members to champion the need to review policy and strategy with respect to the reduction in the levels of obesity in Thurrock.
- 3.6 Adoption of consistent branding and promotion to ensure consistency of messages and communication to promote healthy eating and physical activity to the target audiences.
- 3.6 Increasing the responsibility of organisations for the health of their employees. Thurrock Council is a large employer of local people and there is a need for the council to lead by example. The NHS as an employer and in service delivery should be Making Every Contact Count to encourage and support staff and patients to adopt a healthier lifestyle.

4. CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 As part of Thurrock Council HWB Strategy we are undertaking a two month consultation with communities around obesity and weight management to understand how we can prevent obesity, encourage, support and enable more people to take responsibility for their lifestyle decisions, and offer weight management programmes for those that require support and intervention.

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 5.1 The following strategies and policies should be considered in relation to the local impact on the levels of obesity locally:

Health and Wellbeing Strategy

Local Development Framework

Sustainable Transport Strategy

Community Safety Strategy

6. CONCLUSION

- 6.1 The prevalence of obesity has risen dramatically in the last 20 years and is now estimated to cost more to the economy than smoking. Thurrock has a high prevalence of obesity in adults and children as compared with geographical, CIPFA and regional comparators. Obesity prevalence across Thurrock is linked to deprivation showing a clear health inequality, with the greatest prevalence of Obesity in the more deprived wards.

Obesity and overweight is a complex issue that requires a coordinated approach across departments and teams in order to tackle the wider determinants including planning, transport, availability of green spaces, and availability of healthy foods. By delivering consistent messages and leading by example Thurrock Council and the NHS as employers should lead this change.

Targeted weight management programmes are commissioned for adults and families and are undergoing changes and incorporating feedback through consultation with the community via the HWB consultation in order that the services offered maximise the opportunity for people to take responsibility for their lifestyle decisions.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- JSNA Refresh 2012
- Healthy Lives, Healthy People. A call to action on obesity in England (2011)
- Foresight (2007). Tackling Obesities: Future Choices – Project Report
- NICE (2012) Public Health Draft Guidance. Obesity: Working with local communities.
- NICE (2012) Briefings for Local Authorities: Physical Activity.

APPENDICES TO THIS REPORT:

- Appendix A: Detailed background Thurrock profile on Obesity data.

Report Author Contact Details:

Name: Debbie Maynard

Telephone: 01375652422

E-mail deborah.h.maynard@swessex.nhs.uk