

commissioning brief healthy living

Tackling Obesity in Gloucestershire

Commissioning Series 1
June 2009

NHS

Gloucestershire



Gloucestershire
Conference

1 What is the issue?

The terms overweight and obesity quite simply refer to an excess accumulation of body fat. They are traditionally categorised by body mass index (BMI), a measure relating weight and height whereby the higher the BMI, the more the excess weight and the greater the associated health risks (exceptions include people who are very muscular, athletes, pregnant or nursing women). Definitions of overweight and obesity based on BMI are shown in Tables 1 and 2.

Presently there is a lack of consensus on the classification of BMI in children because a child's BMI is not a static measurement but varies from birth to adulthood and between boys and girls. The Gloucestershire County Obesity Strategy refers to the UK National BMI percentile classification¹. This is in alignment with current Department of Health documentation and guidelines, allowing us to relate Gloucestershire to the national context.

Table 1: BMI – Children

Overweight	BMI ≥ 85th centile
Obese	BMI ≥ 95th centile

Table 2: BMI – Adults (kg/m²)²

Overweight	BMI ≥ 25 - 29
Obese	BMI ≥ 30 - 39
Morbidly Obese	BMI ≥ 40

In England, a quarter of adults are obese and trends for children give even more cause for concern. Current projections suggest that nearly 60% of the UK population will be obese by 2050, which equates to two out of every three people being seriously overweight³.

It is estimated that weight problems already cost the wider economy around £16 billion per year and this will rise to £50 billion by 2050 if left unchecked.

¹ Interpretation of BMI values in children and young people depends on comparisons with population reference data, using cut-off points in the BMI distribution (BMI percentiles)

² BMI in adults is a measure of weight in kilograms divided by the square of height in metres: kg/m²

³ Foresight report www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp

A study commissioned by the Department of Health ("Be Active, Be Healthy" published in February 2009) has estimated the cost of physical inactivity to Gloucestershire to be in the order of £7.5 million per year⁴.

Social stigmatisation and bullying of children and adults who are overweight or obese are common and can, in some cases, lead to depression and other mental health conditions.

'Every time I go out I know people are talking about me and I sometimes hear people sniggering at my size...'

Patient attending weight management service.

Gloucestershire has a higher proportion of obese adults (24.3%) compared with the national average (23.6%)⁵. District levels vary from 20.9% to 25.6% (see Table 3).

Table 3: Percentage of adults who are obese in each district

District council	Percentage of obese adults
Cheltenham	20.9
Tewkesbury	21.8
Cotswold	22.3
Stroud	22.7
Gloucester	24.1
Forest of Dean	25.6

Source: Modelled estimate based on Health Survey for England 2003-05 as reported in APHO profile 2008.

An additional 42% of men and 34% of women are overweight⁶ posing a very significant threat to the health of the population in terms of heart disease, diabetes, high blood pressure, renal failure and joint problems.

⁴ Department of Health: Be Active, Be Healthy, February 2009 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358

⁵ Modelled estimate based on Health Survey for England 2003-05 as reported in APHO profile 2008.

⁶ Health Survey for England 2006 www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/DH_632



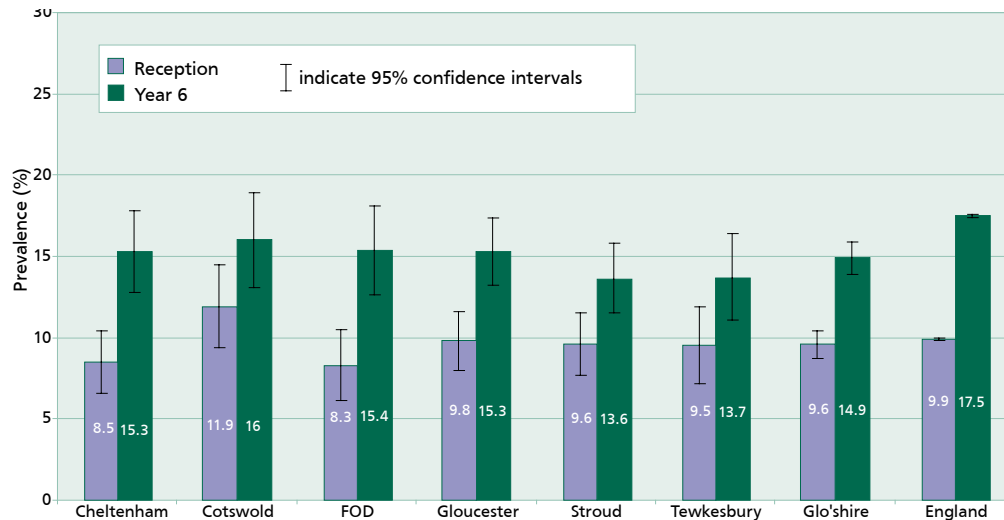
The prevalence of overweight and obesity amongst adults and children of all ages is increasing.

The benefits of losing weight are very real for obese individuals. A ten per cent reduction in weight can lead to a 5-10mm Hg reduction in blood pressure and a 35-40% reduction in the risk of stroke. Weight loss is frequently found to reduce blood glucose levels and can even reverse early cases of type 2 diabetes.

Rates of childhood obesity are noted to be increasing. This is a particular cause for concern because of the 'conveyor-belt' effect in which excess weight in childhood continues into adulthood.

In Gloucestershire in 2006/07, the National Child Measurement Programme (NCMP) found that 9.6% of reception year children and 14.9% of Year 6 children were obese (see Figure 1). This suggests a trend of increasing prevalence as children get older.

Figure 1: Obesity (>95th centile) prevalence among Reception and Year 6 children Gloucestershire PCT, 2006-07



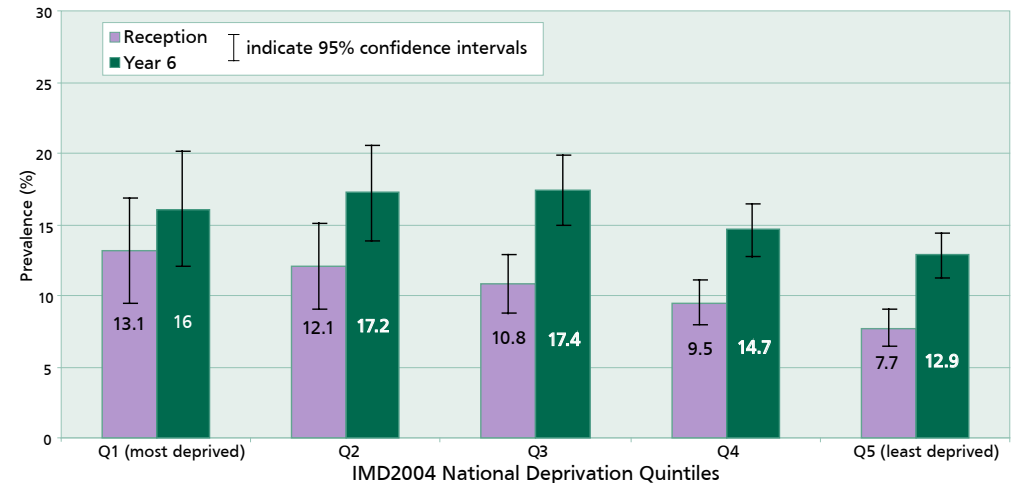
Source: Gloucestershire PCT Swift Child Health System

Note: obese defined as >95th centile, 1990 UK BMI centile classification

In reception year, there also appears to be a link with deprivation - children in more deprived areas being more likely to be obese. However, this trend becomes less obvious as children get older (Year 6) as demonstrated in Figure 2.



Figure 2: Obesity (>95th centile) by deprivation quintiles among Reception and Year 6 children Gloucestershire PCT, 2006/07



Sources: Gloucestershire PCT Swift Child Health System & ODPM

The Gloucestershire Online Pupil Survey (OPS) 2008 has highlighted some significant findings in relation to healthy eating and physical activity. Primary school children are mainly concerned with healthy eating and want more information on this. There is a small increase (from the previous survey in 2006) in the amount of fruit and vegetables both primary and secondary pupils report they eat, but only 29% report that they consume the recommended five or more portions a day. Only 35% of girls in Year 10 eat breakfast every morning. Children and young people are reporting being more physically active, but this does not correlate with the obesity and overweight figures.

2 What works?

There are various theories as to why the population is becoming increasingly obese. Getting the balance right between 'energy in' and 'energy out' is at the heart of excess weight gain – this means healthier eating and regular physical activity. However, it is not just the volume of food but also the quality of food consumed that counts. The increase in the use of processed, convenience foods and the reduction in basic cooking skills have probably contributed to the problem.

To overcome some of the problems the National Institute for Health and Clinical Excellence (NICE) is recommending the re-introduction of basic cooking skills in schools and the community at large. The message is still to eat five portions of fruit and vegetables each day, eat breakfast and reduce the amount of salt, fat and sugar in our daily diets. We need to watch the portion size and the number of snacks we eat between meals.

In addition, office-based jobs and labour-saving devices in the home reduce the energy expended by many. In the annual Active People Survey (APS) 2007-2008⁷, undertaken by Sport England, nationally, only 16.5% of adults over 16 were found to be participating in sport or physical activity of some kind three times a week for 30 minutes. This was a slight improvement compared with the previous year (15.5%).

However, whilst Gloucestershire rates have been higher than the national average (21.4% for 2007-08) this was a little lower than the previous year (22.3%). Table 4 shows the estimated percentages of the local population who fulfil the criteria of being active three times per week for 30 minutes. The most recent survey suggests that progress has been static. Either way, these figures reflect the immensely sedentary nature of modern lives and how much more active we all need to become. For children and young people, five hours of sport, physical education and activity is being recommended through the 'Five Hour Offer'.

⁷ www.sportengland.org/index/get_resources/research/active_people.htm

Table 4: The percentage of people active for 30 minutes at least three times/week

	Active People 1 2005–2006 %	Active People 2 2007–2008 %	LAA Target for 2008-2009
Gloucestershire	22.3	21.4	24.4
Cheltenham	22.5	24.5	
Cotswold	24.5	23.5	
Forest of Dean	22.1	21.9	
Gloucester	18.9	18.9	
Stroud	23.9	19.9	
Tewkesbury	22.5	20.2	

Source: www.sportengland.org/index/get_resources/research/active_people.htm

The Department of Health guidance⁸ for physical activity recommends that all adults do a minimum of five 30 minute sessions (60 minutes a day for children) of at least moderate exercise which involves getting a bit hot, sweaty and out of puff each week. However, this needs to be increased to 45-60 minutes to prevent obesity. People who have lost weight may need to do 60-90 minutes each day to avoid regaining weight. It is of note that the Health Survey for England estimates that only 12.7% of Gloucestershire residents (11.6% nationally) meet the NICE recommendation of five times 30 minutes per week.

NICE recommends that community support groups, whether NHS, commercial or voluntary, should be promoted to support individuals in their endeavours to achieve optimum health.

Recourse to medical and surgical treatments should only be considered when all other methods have failed, because whilst they can have benefits, they are not without risks.

NICE also recommends action for the wider community, working with industry, voluntary and community sectors to ensure that it is easy for all to increase their levels of physical activity. This includes safe routes to walk to work and school and safe places for children to play. Schools, in particular, are charged with ensuring that the environment they provide for their children is optimally structured to promote health.

⁸ *Choosing Activity: A Physical Activity Action Plan 2005* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_410535

3 What are we doing about it now?

Gloucestershire Health and Community Wellbeing Partnership has produced a Strategy for Tackling Overweight and Obesity in Gloucestershire, 2007-2017. It includes a vision shared by all partners to provide a health-promoting environment for obesity prevention, together with effective and sustainable weight management services. The accompanying multi-agency action plan details work currently underway in relation to prevention, treatment, advice and support, training and advocacy.

A mapping exercise is currently underway, to establish gaps in service provision and inform future commissioning.

Guidelines have been produced for the treatment of overweight and obesity in adults, including an adult treatment care pathway for Gloucestershire. A children's care pathway and childhood obesity delivery plan is currently being developed.

District based Community Sport and Physical Activity Networks (SPANs) are being developed to draw together local organisations to coordinate opportunities for sport and physical activity.

We are rolling out the national Change 4 Life campaign locally, targeting children, young people and their families.

Health Improvement Facilitators based in each local authority area are supporting community-based projects such as the Khush Dil (Happy Heart) Project and Irie Club in Gloucester.

Some gaps in service provision identified by partner agencies include:

- Commissioning of weight management services
- Joined-up approach between healthy eating, physical activity and mental/emotional health and wellbeing
- A whole family approach to the prevention and treatment of obesity
- Consideration within planning for the built environment and healthy towns to ensure a health promoting environment, eg. The Healthy Towns project in Tewkesbury
- Using the Healthy Schools Programme to target obesity prevalence in children and young people.



4 What do we need to do next?

In line with recommendations in the Strategy for Tackling Overweight and Obesity in Gloucestershire 2007-2017, Healthy Gloucestershire and the Joint Strategic Needs Assessment, commissioning priorities include:

- improving county data collection to obtain baselines for childhood and adult obesity, in order to set realistic targets for improving outcomes
- preventive activities and interventions to increase children's participation in physical activity and sport (eg. MEND programme)
- provision of affordable physical activity opportunities in the ten per cent most deprived communities in Gloucestershire
- development of more community-based prevention/early intervention services
- promotion of skills development in local communities to source and eat healthier diets
- development of evidence-based and patient-led weight management services, to include specialist clinical services for severely obese children and adults
- accredited weight management practitioners in GP practices, council-owned leisure centres and other appropriate venues
- health promotion messages and activities within the workplace, championed by NHS Gloucestershire and local authorities
- multi-agency communication, resources and advocacy strategy, to include a robust social marketing approach
- training and continuing professional development programmes for health and partner agencies (statutory and voluntary sectors), to include knowledge and understanding of behaviour change and effective weight management methods for children and adults
- joint working to ensure that transport and housing plans are designed to facilitate health and fitness
- joint working to ensure that our natural and built environment enables and encourages increasing physical activity.





Next Steps

This briefing will be shared in the countywide multi-agency Obesity Strategy Group and Children and Young People's Strategic Partnership Executive Group to consider the findings and recommendations for action.

For further information contact:
Sue Weaver, Public Health Manager
sue.weaver@glos.nhs.uk

