

South Derbyshire Local Strategic Partnership

Report to the Board

Date of meeting: 12 June 2007

Agenda Item 10

Derbyshire County Primary Care Trust Obesity Strategy

Issue

To seek support for the Derbyshire County PCT Obesity Strategy (appended).

Background

All stakeholders working in the area of obesity are invited to comment on the draft Derbyshire and Derby City Obesity Strategy 2007-2010. The strategy links into the wider Derbyshire Physical Activity Strategy and the emerging Derbyshire Healthy Eating Plan

Details

Obesity in both adults and children is now at epidemic proportions. Local action plans linking healthy eating, physical activity and weight management are critical in halting the increase in obesity. The Healthier Communities Group is already actively engaged in promoting access to a wide range of physical activity opportunities as well as healthy eating advice including weight management.

Recommendations

It is recommended that the Board: -

- Notes the strategy
- Delegates responsibility for responding formally to the consultation to the LSP Healthier Communities Group

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4 May 2007

Dear colleague

DERBYSHIRE AND DERBY CITY OBESITY STRATEGY 2007-10

All stakeholders working in the area of Obesity are invited to comment on the draft Derbyshire and Derby City Obesity Strategy 2007-10. Therefore, I would be grateful if you could circulate this within your teams. A summary of the Strategy is attached, with the full document and appendices available on:-

<http://www.derbyshirecountypct.nhs.uk/public-health.asp>

The strategy is based on evidence, and reviews of the effectiveness of obesity services, provided within and outside the NHS. The strategy further identifies areas of development across Derbyshire and Derby City.

The aim of this process is to enable stakeholders to consider the evidence gathered during this first phase and to give you the opportunity to comment, in particular on:

- major gaps in the evidence gathered, including papers in published literature that we have not been able to identify
- queries around interpretations of the reviewed evidence as a whole
- inform on current services not identified within the Strategy
- identify areas not currently included in the Strategy that require development across Derbyshire and Derby City

I have attached a comments sheet to allow you to forward your responses to me. There will be a report on the consultation developed and sent to you highlighting all of the comments made on the Strategy in Phases 1 and 2, with responses.

I also attach the Consultation Plan to allow those of you who link with wider partnerships e.g. LSPs, LITs to be able to add to Agenda's for the second stage of the consultation.

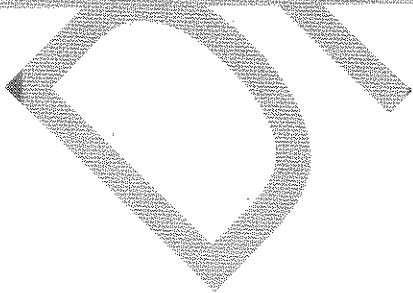
Please do not hesitate to contact me, should you wish to discuss this further.

Yours sincerely

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Chief Executive: Mr. Derek Bray

Derby & Derbyshire

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Obesity Strategy 2007-10: Executive Summary

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1. Introduction

The World Health Organisation has described the rise in obesity as a global epidemic¹. Since 1980 the prevalence of obesity has trebled in the UK². In 2002, almost six out of ten women and seven out of ten men were overweight or obese³. If current trends continue, this may mean that today's children will have a shorter life expectancy than their parents⁴. It has been estimated that unless we take effective action, about one third of adults and one fifth of children aged 2-10 years will be obese by 2010.⁵

The rapid increase in levels of overweight and obesity has occurred in a time period too small for genetic changes to be the cause⁶. This means that the growing health problems are likely to be caused by behavioural and environmental changes in our society. Added to this, overweight and obesity are health inequalities issues, with people from the lower socioeconomic groups most at risk.

This summary of the Strategy is intended to provide a general overview of approaches that are included in the Strategy. Further information on each section is available within the full Derbyshire and Derby City Obesity Strategy 2007-10.

This Strategy does not include the prevention of overweight/obesity, as there are existing partnerships in place across Derbyshire.

This strategy does not include information from Glossop. This is provided within the Tameside and Glossop Obesity Strategy.

2. Background

There have been a number of policies and national documents which refer to Obesity in recent years. The most recent of these is NICE Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children has been issued (2006)⁷, which takes into consideration all previous national strategies.

3. The Scale of Obesity

Children

As part of a shared programme between the Department for Education and Skills and the Department of Health, guidance for PCTs published in January 2006 outlined the new annual requirement to measure the height and weight of all children in Reception (ages four to five) and Year six (ages ten to 11) attending maintained primary schools within the PCT area.

In June 2006, 17,891 Reception and Year six children from 423 state maintained primary schools from across Derby city, and Derbyshire PCT were weighed and measured.

From this information we were able to calculate and categorize individual Body Mass Index (BMI), which is a height and weigh ratio. Collectively these findings identified the following BMI distribution for both Reception and Year six children across the city and county:

- 3% morbidly obese
- 6% obese
- 12% overweight
- 74% normal
- 3% underweight
- 1% very underweight

Adults

There are XX,XXX people in Derbyshire (X% of total population 16 and above) and XXXXX people in Derby (X% of total population 16 and above), that are registered on their GP computer as obese compared to 142,285 people in Derbyshire (23.43% of total population 16 and above) and 41,739 (22.35% of total population 16 and above) in Derby estimated to be obese. Therefore, this suggests there is a significant difference between the numbers of individuals registered with GP practices across Derbyshire who are obese and the estimates that have been produced with the use of the statistical tool. It is recognised that this is the first year that GP practices have been required to collect BMI data, therefore, the low numbers can suggest that this is a recording issue rather than a true reflection of obesity across Derbyshire.

It is also estimated that 307,039 resident population of Derbyshire and Derby City (123,922 males and 183,113 females) have central obesity as measured by raised waist circumference. A raised waist circumference has been taken to be 102cm (40 inches) or more in men and 88 (35 inches) or more in women. These levels have been used to identify people at risk of metabolic syndrome, a disorder characterised by increased risk of developing diabetes and cardiovascular disease. Central obesity, as measured by waist circumference is reported to be the more highly correlated with metabolic risk factors (high levels of tryglicerides and low HDL-cholesterol) than is elevated BMI.

4. Evidence of interventions

Recent NICE Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children has been issued. This has been summarised below:-

Children

In children, the Strategy recommends important aspects of dealing with children to tackle obesity, both from preventative, management and treatment approaches, which includes:-

- Influencing organisations
- Ensuring universal prevention
- Engage parents and carers
- Early years (Nurseries and other childcare facilities)
- Achieve Healthy Schools status
- Person-centred care
- Health professionals delivering care in broader community settings
- Health professionals delivering care in pre-school, childcare and family settings
- Additional activities for overweight/obese children
- Clinical care for overweight/obese children

Adults

The Strategy provides evidence for approaches to be used in:-

- Primary care
- Identification and classification of overweight and obesity
- Health risk assessment and recommended intervention level
- Considerations when developing a weight management service
- General indications for pharmacological interventions
- Indications for referral to specialist care i.e. obesity clinics
- General Public Health interventions

4. Recommendations for Local Action

Effective implementation of this strategy can only be brought about by the production of an agreed action plan that identifies priorities, targets, resource requirements and timescales for each level of the model. Therefore performance indicators have been identified in order to prevent and reduce levels of obesity across Derbyshire.

PI	Develop appropriate implementation method for Strategy and identify individuals, with sufficient seniority, within LSPs and LAAs to champion the obesity agenda.
PI	Establish a Derbyshire-wide Food Network, to have close links to the Obesity Steering Group.
PI	Review and develop consistent quality standards (based on NICE) for programmes and staff tackling the prevention and management of obesity in children and adults across Derbyshire.
PI	Conduct training needs assessment and develop training programme for all professionals working in the area of prevention and management of obesity:- <ul style="list-style-type: none"> • recommended clinical pathways and best practice for management of overweight and obesity • brief interventions using motivational interviewing and behaviour counselling to health professionals
PI	A Joint Plan for Delivery to be developed across Derbyshire and Derby City for all agencies working with schools
PI	Increase opportunities for parental engagement in healthy lifestyle activities, in schools and communities.
PI	Target the inequalities associated with childhood obesity by identifying and targeting the worst fifth of school clusters.
PI	Develop a clear clinical care pathways for adults and children, with resources/tools for managing overweight and obesity locally.
PI	Review current overweight and obesity management interventions (both NHS and non-NHS) and audit them for effectiveness and cost-effectiveness using standards outlined in NICE to determine future commissioning arrangements for delivery.
PI	Develop appropriate support to support patients prescribed anti-obesity drugs and surgical interventions.
PI	Develop quality audit and monitoring procedures to ensure effectiveness and cost-effectiveness of outcome for interventions.
PI	Disseminate information on locally available NHS and non-NHS overweight and obesity services that have been approved by public health (based on NICE recommendations of what constitutes an effective intervention) among health professionals
PI	Develop an annual costed action plan for submission to the Derbyshire Choosing Health Board. (Jon, what do you want in here?)

5. Implementation of the Strategy

Although the Strategy is for Derbyshire and Derby City, local implementation will take place.

In Derbyshire County, the development of an action plan to implement the priorities is the next step and will provide a focus for service development. The action plan will be developed to support the performance framework.

In Derby City, Jon can you complete please?

6. Performance Monitoring Framework

Again, performance management of the Strategy will be separate between Derbyshire and Derby City.

In Derbyshire, the strategy will be performance monitored by the Derbyshire Choosing Health Board. An annual report will be prepared by the Derbyshire Obesity Strategy Group and other relevant partnership committees.

The Derbyshire Obesity Board will receive quarterly performance updates, to include data on the performance indicators and progress on the relevant actions. Where quarterly data is unavailable, data will be reported on an annual basis.

Each performance indicator will be identified as red, amber or green depending on risk of achievement.

In Derby City,

7. Implementation and Review

The strategy will be implemented from April 2007 subject to review in early 2010. In Derbyshire, the Derbyshire Obesity Board will manage the implementation of the strategy.

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References

- ¹ World Health Organisation, (2004), www.who.int/dietphysicalactivity/publications/facts/obesity.
- ² Health Development Agency, (2003), *The Management of Obesity and Overweight. An analysis of reviews of diet, physical activity and behavioural approaches: evidence briefing.*
- ³ Department of Health, (2005), *At least five a week: Evidence on the impact of physical activity and its relationship to health: A report of the Chief Medical Officer.*
- ⁴ Jotangia D, Moody A, Stamatakis E, Wardle H (2005) *Obesity among children under 11.* London: National Centre for Social Research, Department of Epidemiology and Public Health at the Royal Free and University College Medical School.
- ⁵ Zanitto P, Wardle H, Stamatakis E, Mindell Jm Head J (2006). *Forecasting obesity to 2010.* London: Joint Health Surveys Unit (National Centre for Social Research, and the Department of Epidemiology and Public Health at the Royal Free and University College Medical School.)
- ⁶ National Heart Forum in association with the Faculty of Public Health and the Department of Health (2007). *Lightening the load: tackling overweight and obesity. A toolkit for developing local strategies to tackle overweight and obesity in children and adults.*
- ⁷ National Institute for Health and Clinical Excellence (2006). *Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.*

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