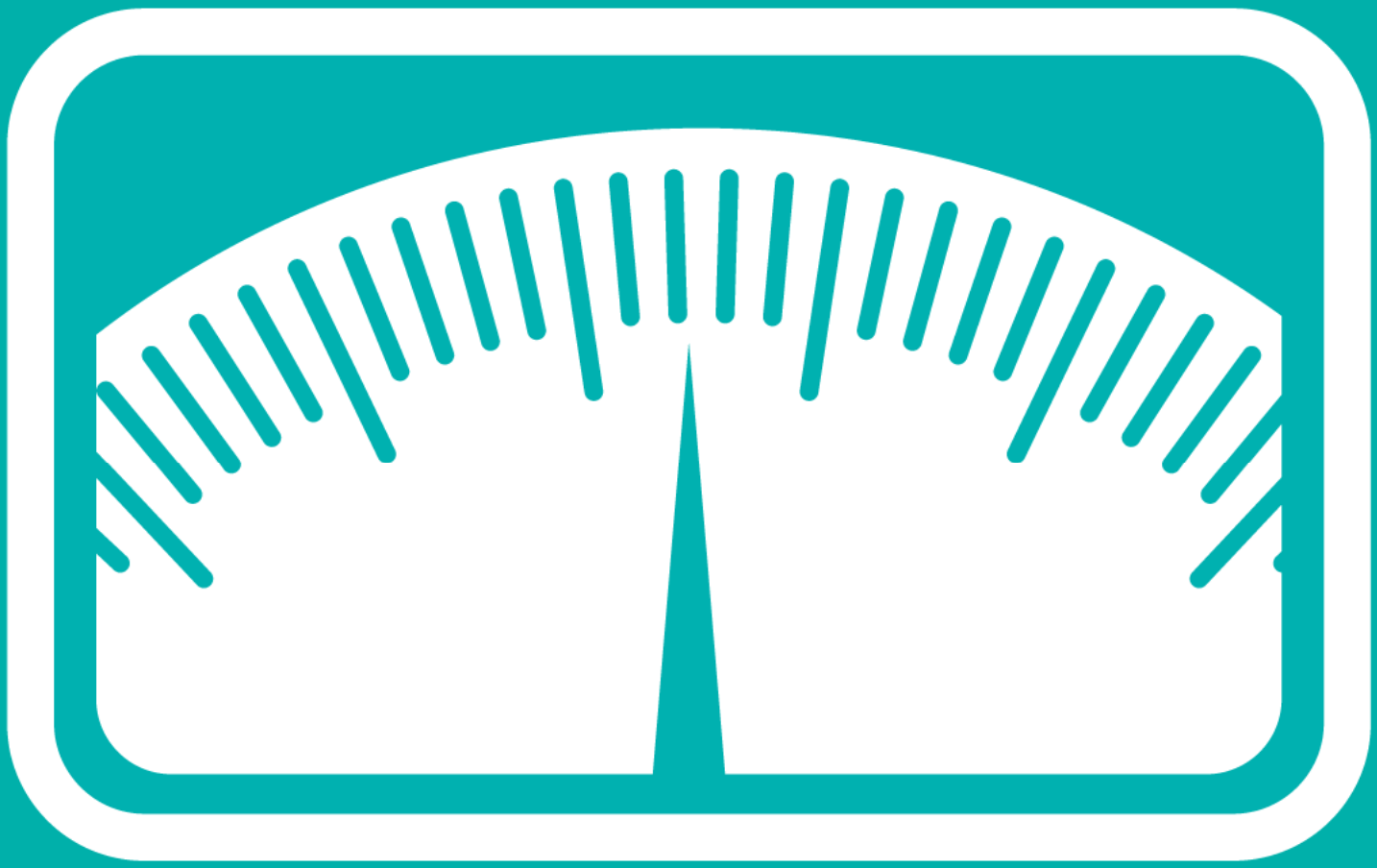


October 2014

Torbay Healthy Weight Strategy 2014 - 2016

PublicHealth

Torbay Council

Contents

Executive Summary

A healthy weight is about much more than an individual's weight or body shape. It can so often be an essential foundation for physical, emotional and social wellbeing. Like a good education or living in a strong community it can help an individual to reach their full potential in many aspects of life. Being overweight and obese shortens life expectancy and increases the risk of developing many diseases including coronary heart disease (CHD), type 2 diabetes, stroke and some cancers. Obese children are also more likely to become obese adults, increasing the likelihood of developing health problems later in life. Overweight and obese people may also suffer from stress, low self-esteem, social disadvantage, and depression.

The prevalence of obesity among both children and adults has increased sharply in recent years. It is estimated by the Department of Health that diseases related to overweight and obesity cost NHS in Torbay is £44 million in 2010. The recorded excess weight (overweight and obesity) rate in reception year pupils is 28% (2012-13) and for year 6 pupils excess weight is 38.5% (2012-13). Latest data (2012) indicates that adult excess weight in Torbay is 66.8% (2 in 3 adults), and the prevalence of obesity in Adults is 24%.

The government-commissioned Foresight Report, published in 2007, looked into the reasons for this phenomenon, concluding there was a "complex web" of factors at play. This included the obvious reasons, such as unhealthy diets and low levels of physical activity, as well as more subtle causes, including societal influences, individual psychology and the environment around us, which, the report said, could often make it hard to make healthy choices.

The LGA's report 'Tackling Obesity' recommends that Councils 'develop a locally tailored strategy for obesity – ensure it is a priority at strategic and delivery levels and that council led services and external partners such as local employers, schools, charities and the NHS are working together to integrate support and provide preventative services'. This strategy aims to do that by setting the context, looking at why Obesity is such an important issue, to both individuals and to society, and the roles of the local authority and NHS in tackling this locally. It then looks more closely at the picture for Torbay, the prevalence of obesity and overweight for children and adults, and at the provision of services across all 4 tiers of the pathway. At the heart of this document is an action plan, based on the evidence of what works, and what are the gaps in provision.

The action plan aims to reduce the prevalence of obesity and thus lower the risk of illness like heart disease, diabetes or stroke. By striking a healthy balance between the food we eat and the activity we undertake we hope to develop more mobile and confident children and families. We know there are many complex factors that can influence weight based on personal, social and environmental circumstances. This means there are many local opportunities to provide practical support and encourage people to adopt healthier behaviours. It is also essential that we tackle health inequalities and target support where it is needed most. This is what this strategy sets out to do.

1 Introduction

1.1 Aim of the Healthy Weight Strategy

The aim of this strategy is to halt the rising trend of obesity in Torbay through a whole system and multi-agency approach. This will encourage and enable all those living and working in Torbay to live a healthy and active lifestyle within a healthy environment, and to be supported by appropriate prevention and treatment services to achieve a healthy weight.

This strategy has been written as a high-level overview of current issues around healthy weight and has a focus on what is needed to achieve sustainable change. It does not try to repeat the widespread evidence on why achieving a healthy weight is a key public health priority. The strategy does not seek to complicate existing partnerships or services but rather seeks to link and build on these activities in line with national, regional and local priorities.

The strategy has a number of complimentary aims:

I. Committing all partners to action within the framework of the strategy and the action plan
II. Recognise the importance of a multi-agency 'whole system' approach to promote a healthy weight
III. Define and understand the challenge of moving towards a healthy weight for all in Torbay and to set local targets
IV. Identify how specific interventions will help achieve local targets, including appropriate commissioning arrangements
V. Strengthen local capacity and capabilities to support people to achieve and maintain a healthy weight
VI. Identify appropriate systems to monitor report and evaluate local activity and progress

1.2 Structure

This section introduces the ideas behind this strategy: why we need a strategy; what is our vision and aims; what is the organisation and policy context we are operating in; and how the strategy needs an integrated and whole system approach with string leadership and collaborative action. Section 2 of this strategy identifies why we need a strategy, looking at the causes and impacts of overweight and obesity, both on the individuals health and on society and on the health system. It also looks at the benefits of physical activity and a healthy diet. Section 3 goes into more detail looking at what we know about the prevalence of obesity and overweight in Torbay, for Children and for Adults, and across districts, and how it relates to other factors such as deprivation. Section 4 looks at the provision of services to combat overweight and obesity, who commissions and provides these services, how they are part of the care pathway, and the needs, provision and costs of these services. Section 5 examines the evidence, primarily NICE guidance, and the recommendations arising from this evidence base. Section 6 outlines an action plan, based on a life course approach and recognising a number of principal themes: Early Years and Children; Healthy Diet; Physical Activity; Targeted and individual support; Clinical and care pathways; and cross cutting actions to strengthen delivery across organisations.

1.3 The role for the Local Authority and for the NHS

A range of actions are needed to reduce the current levels of obesity. Some issues, such as food labelling, may only be addressed at the national level. But local authorities are well placed to take action on important local issues such as commissioning weight management services. They can also improve the environments where people live to help them manage their weight. For example, they can encourage 'active travel' by ensuring routes are provided for cyclists and pedestrians; encourage local retailers to offer and promote affordable fruit and vegetables; provide and promote the use of affordable leisure facilities; develop and promote local policies on healthy eating and responsible alcohol consumption. This strategy aims to promote local leadership at all levels – such as through elected members, strategic leadership through the Health and Well-being Board and health leadership via Clinical Commissioning Groups, wider NHS partners and public health teams. It aims for a joined-up approach by fully involving all agencies and council departments, such as planning, transport, education and leisure.

It should be noted that the boundary of Torbay local authority covers the Torquay, Paignton and Brixham area, whereas the boundary for South Devon and Torbay Clinical Commissioning Group and South Devon Healthcare NHS Foundation Trust both cover a wider area including South Devon.

1.4 Policy Context: Related Strategies, Groups and governance

This Strategy is driven by the core principles underpinning the Torbay Health and Wellbeing Strategy 2013-2015 strategy, namely: First and Most – Focussing attention and effort to address the health and wellbeing inequalities that exist between communities;; Early Intervention – Improving overall outcomes and ultimately reducing cost with a focus on prevention rather than treatment; Integrated and joined-up approach – Joining up planning, commissioning and delivery at a local level. It is also follows the life course framework used by the Health and Wellbeing Strategy, the JSNA and the CCG Plan.

This strategy is also closely related and compliments existing strategies in Torbay, namely the Torbay Local Plan, the Local Transport Plan, the CCG plan.

To develop and implement the Strategy, a Healthy Weight Steering Group is being set up, consisting of the leads on Healthy Weight from Torbay Council Public Health, Leisure and Planning sections, South Devon and Torbay CCG (SDT CCG), Torbay Health Care Trust, and from the community and provider sectors.

An existing Clinical Pathway Group meets quarterly, led by the SDT CCG, and focuses on the treatment of obese patients, at Level 3 and 4, where a multi-disciplinary team operates and runs a program for referred patients. This strategy and its steering group wish to take a more holistic ‘whole system’ approach, in particular focusing on what can be done to prevent obesity, and encourage healthy weight throughout the whole population, and to foster an integrated commissioning approach.

In terms of obesity, the government has made its intention clear: it wants to see the rising rates reversed. Its obesity strategy, ‘Healthy Lives, Healthy People: A call to action on obesity in England’, which was published in October 2011, set a new target for a downward trend in excess weight for children and adults by 2020. The report says that local government is “uniquely well placed” to lead the drive as each community had different characteristics and problems that were best addressed at a local level.

1.5 Whole system approach

Obesity is a complex problem for which there is no simple solution. It cannot be addressed through single interventions undertaken in isolation. Therefore we wish to develop a strategy to foster a clear and strong leadership which recognises the need for a whole systems approach, and be implemented as part

of a broad approach, which involves a variety of organisations, community services and networks operating at a range of levels collaboratively. It will be implemented as part of integrated programmes that address the whole population, but also target specific populations and address local health inequalities, based on a care pathway and tiered approach and comprise of specific actions commissioned to meet local needs and priorities, for example, to encourage healthy eating and physical activity and to develop community programmes to combat obesity. This is the basis for the Action Plan.

2 Why we need a strategy

2.1 Definition of Obesity, Overweight and Healthy Weight

Obesity is a disease state in which weight gain (predominantly fat) has reached the point of endangering health, and can be defined in terms of Body Mass Index (BMI). The BMI is calculated by dividing an individual's weight (in kilograms) by the square of their height (in metres). Adults with a body mass index or BMI (weight in kg/height in m2) of over 30 are classified as obese and those with a BMI of 25–29.9 are classified as overweight. For Children please refer to Public Health England's 'Measuring and interpreting BMI in children' to determine when children are overweight or obese. The term 'morbid obesity' refers to adults with a body mass index (BMI) 40kg/m2 or more. It is also sometimes used to refer to people with BMI 30 to 39.99 kg/m2 who have significant health problems ('co-morbidities') associated with obesity. Adults with a BMI of less than 18.5 are classified as underweight. Being underweight is also a health issue. Weighing too little can contribute to a weakened immune system, fragile bones and a lack of energy. However this strategy is focused on tackling overweight and obesity and does not cover measures for tackling underweight as they are substantially different.

2.2 The cause of overweight and obesity

The causes of why people become obese are complex and multifaceted. The specific causes of obesity at an individual level are many and varied; they differ between population groups and across a person's life course, with the accumulation of excess weight, being the end result of a variety of causal pathways. Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. The Foresight report (2007) referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain". The report presented an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.

There is no clear causal relationship between alcohol consumption and obesity. However, there are associations between alcohol and obesity and these are heavily influenced by lifestyle, genetic and social factors. Many people are not aware of the calories contained in alcoholic drinks. The effects of alcohol on body weight may be more pronounced in overweight and obese people. There is a two-way relationship between obesity and disability among adults. Adults with disabilities appear to be at higher risk of obesity than those without disabilities, and obese adults may experience disabilities related to their weight.

2.3 The Impact on individuals and risks from Obesity

Obesity is directly associated with many different illnesses, chief among them insulin resistance, type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, left atrial enlargement, left ventricular hypertrophy, gallstones, several types of cancer, gastro-oesophageal reflux disease, non-alcoholic fatty liver disease (NAFLD), degenerative joint disease, obstructive sleep apnoea syndrome, psychological and psychiatric morbidities. The physical changes caused by increased fat cause musculoskeletal problems, from wear and tear on the joints to back pain, while changes in the body are also linked to mental health and social difficulties. Other effects are linked to invisible changes, such as increased fat in the blood and an altered response to insulin. Obese patients have higher rates of type 2 diabetes, heart disease and stroke. Evidence is also growing that obesity increases the likelihood of some cancers.

As BMI increases the number of obesity-related comorbidities increases. The number of patients with ≥ 3 comorbidities increases from 40% for a BMI of < 40 to more than 50% for BMI 40-49.9 to almost 70% for BMI 50-59.9 and ultimately to 89% for BMI > 59-9. Body Mass Index (BMI) is a strong predictor of mortality among adults. Overall, moderate obesity (BMI 30-35 kg/m2) was found to reduce life expectancy by an average of three years, while morbid obesity (BMI 40-50 kg/ kg/m2) reduces life expectancy by 8-10 years. This 8-10 year loss of life is equivalent to the effects of lifelong smoking. This strategy recognises that some sectors of the population are at more risk of developing obesity or its complications. These include: Children from low income families; Children from families where at least one parent is obese; looked after children; Adults who are unemployed or in routine occupations; older people; people who have a disability; people with learning disabilities and people with mental health condition. Particular ethnic groups also have a higher than average prevalence of obesity. Young parents (<21) and single parents are less likely to initiate breastfeeding – babies who are not breastfeed are more likely to be overweight or obese in later childhood.

2.4 The impacts on the population and society

The prevalence of obesity among both children and adults has increased sharply in recent years. The recorded excess weight (overweight and obesity) rate (from NCMP) in reception year pupils is 28% (2012-13). In year 6 pupils excess weight is 38.5% (2012-13). Latest data (2012) indicates that adult excess weight in Torbay is 66.8% (2 in 3 adults), and prevalence of obesity in Adults is 24%. Children's excess weight has increased this year for both reception and year 6 cohorts.

In 2007, the cost to the economy (including the NHS) of people being overweight or obese was an estimated £20 billion. This was predicted to rise to £50 billion a year by 2050, if the conditions were left unchecked. The cost to the NHS is estimated as £5 billion. An estimated 16 million days of sickness absence a year are attributable to obesity. Obese people are less likely to be in employment than people of a healthy weight. The associated welfare costs are estimated to be between £1 billion and £6 billion. The estimated annual costs of diseases relating to overweight and obesity in Torbay is in the region of £44 million (2010), increasing to £47.1 million in 2015.

2.5 The benefits of physical activity and a healthy diet

Lifestyle and behaviour choices are important factors in influencing weight status. Unhealthy diets and physical inactivity are major risk factors for overweight and obesity as well as a number of chronic health conditions including cardiovascular disease, diabetes, some cancers and high blood pressure.

Physical activity includes all forms of activity, such as walking or cycling for everyday journeys, active play, work-related activity, active recreation (such as working out in a gym), dancing, swimming, gardening or playing games as well as competitive and non-competitive sport. Physical activity is a key

determinant of energy expenditure and a fundamental part of energy balance and weight control. Regular physical activity can reduce the risk of obesity, as well as many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions. Therefore this action plan aims to increase the number of people taking the recommended level of physical activity and to reduce the number of people who are classed as inactive.

Adults are more likely to maintain a healthy weight if they reduce consumption of high energy-dense foods and drinks and consume a lower-fat, high fibre diet, consisting of fruit, whole grains, vegetables, lean meat and fish. Healthy eating is associated with decreased risk of overweight and obesity and chronic diseases, including type 2 diabetes, hypertension, and certain cancers. However, there is a large gap between nutrition recommendations and what the data shows we actually eat. For example, in England, the Health Survey for England reports that less than a third of adults currently meet the 'five a day' target for fruit and vegetables. This action plan aims to increase healthy eating for both children and adults, through a range of measures.

2.6 Attitudes and challenges

Research shows that approximately 15% of adults report that they are trying to lose weight. The eating habits of obese and morbidly obese individuals are more influenced by emotional triggers than people of a healthy weight. Being depressed and bored are the most frequently cited emotional triggers for eating. It is becoming more popular to eat out, and/or eat takeaway and 'fast' foods. All of these foods consumed outside the home tend to contain more fat and salt. 'Going big' on fast/takeaway food is encouraged by the outlets, but will result in excess energy intake. TV advertising of foods will affect food choices, as the majority of food promotion focusses on foods high in fat, sugar and salt.

The majority of adults are aware that physical activity recommendations exist, but few know what they are. 33.3% of adults in Torbay are classed as 'inactive' in that they do less than 30 minutes of moderate intensity physical activity per week. The most frequently cited reasons for taking part in physical activity are to maintain health and feel fit. Time pressures and lack of motivation are the most commonly cited barriers to participating in physical activity.

Behavioural science has provided rich insights into why we behave as we do and how to make changes to those behaviours. Particularly relevant to obesity are the role of the messenger, for example who (and how) is delivering the information; the use of incentives; the importance of salience (when is a good time to act based on the 'signs'); and the use of personal commitments.

3 What we know about Obesity in Torbay

The prevalence of obesity among both children and adults has increased sharply in recent years. It is estimated by the Department of Health that diseases related to overweight and obesity cost NHS in Torbay is £44 million in 2010. The recorded excess weight (overweight and obesity) rate (from NCMP) in reception year pupils is 28% (2012-13). In year 6 pupils excess weight is 38.5% (2012-13). Latest data (2012) indicates that adult excess weight in Torbay is 66.8% (2 in 3 adults), and prevalence of obesity in Adults is 24%. Children's excess weight has increased this year for both reception and year 6 cohorts. It is likely that a higher participation rate for 2012/13 (over 90%) means we are capturing a more representative sample of children in Torbay and therefore a more realistic estimate of obesity prevalence. The three year rolling average (2010/11 to 2012/13) for overweight and obese are 23.3% (nearly 1 in 4) for Reception year and 33.4% (1 in 3) for Year 6 children.

It is important to ensure that the joint strategic needs assessment (JSNA) considers local evidence on the full range of factors from diet and physical activity to the environment in which people make choices. If the JSNA demonstrates a significant problem tackling obesity, it should be a key priority in the joint health and well-being strategy. Obesity rates can differ from ward to ward and between different ethnic groups, and be related to deprivation indices. Below is a link to a detailed report on obesity and overweight prevalence in Torbay, taking from a range of data sources such as NCMP and PHOF, and including data on physical activity, diet and other factors relating to healthy weight.

See Appendix 3: What we know about obesity in Torbay

4 What is the existing provision of services to promote Healthy Weights?

This section is based on a simple audit of existing service (May 2014) and is therefore subject to change

4.1 Prevention and Treatment and the Tier 1 to 4 model

A national obesity working group was set up to address concerns about the variation of commissioning across the tiers, and access to obesity services, across England. A report was produced which defined the obesity pathway in terms of tiers 1 to 4, and this is reproduced as Annex 3. The recommendation of the report is that Local Authorities should remain as commissioners of Tier 1 and 2 services, CCGs are the preferred option for tier 3 services, and NHS England, presently commissioning tier 4, should consider transfer of Tier 4 services to CCG's once locally commissioned services are shown to be functioning well. This model is used below to examine provision in Torbay across the four tiers or levels.

The model is used to understand the range of activities from upstream prevention and universal provision to specific treatment services, from weight management, through to multi-disciplinary team approaches and finally to surgery. The model used widely consists of four 'tiers' or levels, corresponding to both BMI classifications and the type of services available for that population.
The distinction between prevention and treatment is important. Once weight is gained and overweight obesity established, it is difficult to reverse. A number of NICE guidance papers have been published which look at the links between obesity and built environment, promoting physical activity and workplace guidance; and promoting physical activity for children and young people.

While treatments are generally thought to be of limited effectiveness, as people may find it difficult to maintain weight loss, a modest weight loss by 5 to 10% of initial weight is said to reduce the risk of developing type 2 diabetes, improve blood pressure and reduce total cholesterol. Therefore treatment alongside prevention to support people to avoid weight gain is essential.

4.2 Provision in Torbay across the four tiers

Tier 1 and Tier 2 services are commissioned by Torbay Council from the public health ring fenced budget. Tier 3 services are commissioned by South Devon and Torbay CCG and Tier 4 by NHS England.

Tier 1: Universal prevention

Provision of Tier 1 services may come from a variety of sources across a local authority such as transport spending, where the primary aim would be active travel, but the increase in physical activity

would have an indirect impact on obesity levels. It is important for Public Health to develop a core offer around tier 1 services, by identifying the range of services provided across organisations, and providing advice and guidance to individuals as to how they can access these services. Direct support for some services may be required, especially in conjunction with the community and voluntary sector.

Existing tier 1 services may include prevention programmes within schools and communities. There may be provision of information and enhancing skills, for example, community cooking skills; website; pharmacy public health campaigns; Pedometer loan scheme; type 2 diabetes group education, Fit 4 School booklet distributed by schools to all reception age children, Junior Life Skills Healthy Eating scenario reaches all year 6 pupils. Walk to school; supported cost to access sports facilities; education programmes for carers including exercise and nutrition; Be HiP (healthy in Pregnancy) programme. It is uncertain which of these services are presently available in Torbay.

There is an important role for Local Authorities to tackle the obesogenic environment. An obesogenic environment is one which discourages physical activity and makes it easy to access foods high in fats and sugar. The National Obesity Observatory provides a number of publications including systematic evidence reviews which shows the environment has an effect on people's dietary habits and participation in physical activity, which in turn affects their health. In order to identify where this may be a problem and to develop appropriate interventions, local areas need to investigate elements of the physical environment that relate to physical activity and diet.

Interventions may include improving access, removing barriers and to – parks and recreational facilities; cycle paths, Changing the consequences of key behaviours by using 5 a day; Change4life; Bay Walks; as well as modifying policies and broader systems – school meals; Schools Sports Partnership; Licensing of fast food premises; transport planning, planning developments to include health impact assessments. There is a role for community and voluntary services to either provide, signpost or facilitate a range of tier 1 offers / opportunities.

One aspect of universal services is that offered through health visitors during early years. This programme is presently commissioned by NHS England but will be transferred to local authorities in 2015. Early identification, supporting health promotion and change management around healthy lifestyles, using evidence- based techniques such as promotional and motivational interviewing, is offered by health visitors during routine, opportunistic contacts. The focus should be on the early identification and prevention of obesity in children, through an emphasis on breastfeeding, delaying weaning until babies are around six months old, baby-led weaning, introducing children to healthy foods, controlling portion size, limiting snacking on foods that are high in fat and sugar, and encouraging an active lifestyle.

Tier 2 Targeted Weight Management programmes

Following the above model, Tier 2 weight management services should be available on referral to those who are obese, where their BMI is greater than 30. Based on an adult population of 103,500 and the prevalence of Obesity in this population being 27.6%, the population need for this group is 28,566. There is an existing budget of approximately £94,000 for tier 2 services, as part of the Healthy Lifestyles programme that is commissioned by Public Health and provided by Torbay and Southern Devon Health and Care NHS Trust. This includes weight management services for adults and children. During 2013/14 there were 480 referrals to this service, of which 240 patients started the programme but only 69 completed.

The Change 4 Life Adult Weight Management is a group based education programme for patients over the age of 16 with a BMI over 30. Each group is led by a dietician with support from a behaviour change

specialist and includes 12 educational topics on a rolling programme. Participants are encouraged to take part in regular physical activity as part of the programme through a voucher scheme. Patients are routinely followed up at 6 and 12 months following the programme.
The role of private providers is also an important part of this picture, including Weight watchers, Slimming World and Rosemary Conley, whose independent groups run throughout the bay.

Tier 3: Multi-disciplinary team / intensive support.

Tier 3 services should be available for patients with a BMI>40 or BMI>35 if they have co-morbidities. The NHS Commissioning Boards report 'Clinical Commissioning Policy' estimates that this would involve approximately 1.9% of the adult population, and this equates to 1967 patients in Torbay.

A tier 3 specialist multi-disciplinary team weight management service is commissioned by South Devon and Torbay CCG and this service is provided through the SDTHCT. The service offers pre obesity surgery service for those people being considered for bariatric surgery following NICE criteria. The level 3 service offers intensive support to patients within their local setting, including a structured education and supervised physical activity programme. Clinician, dietician and psychologist involvement ensure a high quality service that can provide tailored weight management support within the community. The tier 3 services have been reported as having 169 patients enrolling in this service and 132 patients completed the treatment over 2 years. 67% of patients completing the programme achieved some weight lost, primarily between 0.1 and 5%. 12 patients were referred for Bariatric surgery.

Tier 4: Bariatric surgery

Specialist intervention, primarily bariatric surgery, is available to patients referred to the Consultant. This service is commissioned through the NHS Commissioning Board and operates regionally. This is the last resort after all other options have been explored. During 2008/09 29 Torbay patients had NHS commissioned surgery at a total cost £163,051. Costs for drugs treating obesity in 2008/09 were £99,917. The three most commonly performed bariatric surgery procedures in the UK are adjustable gastric banding, gastric bypass and sleeve gastrectomy. Bariatric surgery is recommended as a treatment option when all appropriate non-surgical measures have been unsuccessful for adults with morbid obesity. Its use is not generally recommended with children and adolescents. Bariatric surgery is more effective in achieving weight loss than non-surgical management and weight loss is more likely to be maintained in the longer term. However, adverse events are more common following surgery, and vary from one procedure to another.

Emotional and mental health factors are both factors that contribute to the cause of overweight and obesity, but are also the outcome of being obese. The interrelationship with mental health and appropriate services needs to be recognised throughout prevention and treatment services for obesity.

5 What should we be doing to tackle this problem?

5.1 NICE guidance: Local Government Briefing 9: Preventing Obesity and helping people to manage their weight

This briefing summarises NICE's recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards. It supports integrated commissioning across obesity services, and recommends the following:

- Foster an integrated approach to commissioning which supports a long-term (beyond 5 years) health and wellbeing strategy it should involve a variety of organisations, community services and networks operating at a range of levels.
- Focus on the most effective 'packages' of interventions to meet local needs. This includes awareness-raising and environmental interventions that support changes in behaviour and lifestyle weight management services for adults, children and families.
- Allocate resources to local community engagement activities and to innovative approaches which are likely to be effective and which have the support of the local community.
- Ensure flexibility in contracts to allow programmes or services to be adapted and improved. And consider extending effective programmes and services, or commissioning effective small-scale projects or prototypes,

It lists a set of recommendations, including actions at a local level, which include to encourage healthy eating; encourage physical activity; developing community programmes to combat obesity; commissioning community weight management programmes; ensuring local authorities and their NHS partners are exemplary employers; involving local businesses and social enterprises; developing a sustainable, community-wide approach; providing and supporting leadership; coordinating local action; involving the community; integrated commissioning; monitoring and evaluation, scrutiny and accountability and organisational development and training.

The local government briefing has brought together recommendations from a range of NICE guidance, which relate to the prevention and treatment of obesity, including PH42 Obesity: working with local communities; PH47 Managing overweight and obesity among children and young people: lifestyle weight management services; PH 53 Managing overweight and obesity in adults – lifestyle weight management services. There is a range of other NICE guidance that is related to Obesity and achieving healthy weight, such as Behaviour change: the principles for effective interventions (PH6). All the relevant guidance is listed in Appendix 1.

Clinical Guidance (CG43): Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children

This is the first national guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales. The guidance aims to stem the rising prevalence of obesity and diseases associated with it; increase the effectiveness of interventions to prevent overweight and obesity; and improve the care provided to adults and children with obesity, particularly in primary care. The recommendations are based on the best available evidence of effectiveness, including cost effectiveness. They include recommendations on the clinical management of overweight and obesity in the NHS, and advice on the prevention of overweight and obesity that applies in both NHS and non-NHS settings.

CG 43 states that obesity should be managed through multi-component interventions and that it is unlikely that this can be provided in primary care alone. The guidance also states that surgery to aid weight reduction for adults with morbid/severe obesity should only be considered when there is recent and comprehensive evidence that an individual patient has fully engaged in a structured weight loss programme; and that all appropriate non-invasive measures have been tried continuously and for a sufficient period; but have failed to achieve and maintain a clinically significant weight loss for the patients clinical needs.

5.2 Other Guidance

'Clinical commissioning policy for complex and specialized surgery' (NHSCB, 2013) states that the treatment of obesity should be multi-component. All weight management programmes should include non-surgical assessment of patients, treatments and lifestyle changes such as improved diet, increased physical activity and behavioural interventions. There should be access to more intensive treatments such as low and very low calorie diets, pharmacological treatments, psychological support and specialist weight management programmes. A review of systematic reviews supports the notion that to maximise effectiveness, weight management interventions need to promote change in physical activity and diet, use well defined behaviour change techniques, promote social support and place an emphasis on maintenance (Greaves et al 2011).

5.3 Gaps in service provision

From section 4, and from the NICE recommendations, it is clear that if we wish to provide an integrated pathway, across all needs, then there are a number of gaps in the service, and many areas where service provision is only a small fraction of the need. These can be summarized as:

1. Lack of clarity about what Tier 1 services are being provided / are available as a whole, and where anyone could access this information.
2. Role of community, voluntary and private sector in the provision of community based services. There is a role for the local Healthwatch organization to help develop this.
3. Provision of Tier 2 Weight Management services. 480 referrals were made and 69 patients completed this treatment, but this is for a population where the number of adults with a BMI over 30 is 28,000. A redesign of the Tier 2 public health funded service is proposed.
4. What is the link between tier 2 and tier 3 services? How are patients referred to Tier 3 services? Should we integrate tier 2 and tier 3 services?
5. Can we reduce the cost of Tier 4 services, especially in future years, (although this is commissioned by NHS England) by ensuring fewer patients get to this stage?

5.4 Recommendations

When developing the action plan, these issues should be addressed. In particular:

1. Develop an Integrated Commissioning plan across all four tiers.
2. Fully understand the provision of Tier 1 services and who contributes. Develop a SPOC for advice and guidance into tier 1 services, in collaboration with leisure / sports /outdoor / physical activity / community / private sector offers, possibly developed and led by the community sector.
3. Re-commission Tier 2 'Healthy Lifestyle' services
4. Investigate further joint commissioning, for instance with SDT CCG of joint Tier 2 and tier 3 services.
5. Ensure that the obesity services act to keep people of healthy weight , and where they are of excess weight, ensure that services provided are moving the population down the tiers e.g. from Tier 2 to Tier 1, and not up.
6. Understand where there are gaps, and how to address them. At a time of limited / reduced resources, identify the best opportunities for interventions, such as early years and adolescent.

5.5 How will we know if the strategy is making a difference?

Progress in implementing the strategy will be monitored, using measures of process and outcome. The headline outcome measures will be the prevalence of overweight and obesity in adults (measured opportunistically in GP practices including through the emerging Health Check programme and as part of

the Active People Survey and reported in the PHOF) and in children (measured through the National Child Measurement Programme). Appendix 4 gives a breakdown of the key national indicators that will be assessed as evidence of progress. Other measures of behaviour and attitude shift will also be used. Performance metrics have been identified against each of the actions listed in the Action Plan.
Robust formal governance procedures are a critical element for ensuring the delivery of any strategy, and are particularly important for a strategy which straddles many agencies and programmes of work. Establishing formal mechanisms for the monitoring of this strategy at all levels within Torbay will ensure that there is clear ownership and accountability for the delivery of the programmes and milestones that are outlined within this strategy.
A communications plan will also be developed for the Healthy Weight Strategy.

6 The Action Plan

In developing the Action Plan we have used both a Life course approach based around the four stages of Starting Well; Developing Well; Living and Working Well; and Ageing Well; and combined this with a topic or theme approach, picking up on the main themes identified. These are:

a. Giving the best start to children: Early Years and Children, healthy schools
b. Physical Activity and creating environments to support health.
c. Food, Diet, Nutrition
d. Targeted support for individuals: Offer effective support for those who want to lose weight
e. Clinical and care pathway
f. Overarching issues: Care pathway, Governance, Communications, workforce, evaluation, monitoring and outcomes, inequalities

The strategy will be implemented through a combination of leadership from Torbay Public Health and from the Health and Wellbeing Board and continued stakeholder involvement (through the Torbay Healthy Weight Group and the Clinical Pathway Group). The complex challenge of tackling healthy weight requires this strategy to be a living document. The action plan implementation must be complemented by opportunities to reflect on the latest evidence on what can help to achieve the outcomes identified.

The action plan comes in two formats. First there is a *plan on a page* giving an overview of actions across the life course and themes; this is backed up by a more detailed *Implementation Plan* which details each required outcome, the actions and tasks required to achieve the outcome, the lead agency and individual, the timescale and milestones. There are a number of overarching themes to strengthen delivery. These include:

- Clarify governance and leadership for strategy
- Influence organisations and relevant strategies
- Develop a Communications Plan (with Peninsula)
- Establish a workforce development plan (with Peninsula)
- Establish robust performance management arrangements
- Ensure plans address health inequalities and equality and diversity issues
- Use of community and voluntary sector to deliver physical activity and healthy eating courses.
- Audit obesity management throughout health care.
- Ensure all commissioned programmes are fully evaluated e.g. using SEF

	Healthy Start, Children and Schools	Healthy Food	Physical Activity and Environments	Targeted support for individuals	Clinical and Care Pathways
Life course from Pregnancy to end of life	Increase the percentage of expectant mothers who are of healthy weight Improve breastfeeding Initiation and duration rates Maintain Healthy Weight during Early Years Deliver a 'Healthy Schools' public health offer Ensure the National Child Measurement Programme is fully utilised to encourage healthy weight in children Target needs of vulnerable children who are of excess weight	Improve pre-school nutrition and support families with young children All children have access to Healthy Food as standard in Primary and Secondary Schools. Develop children and families food buying and cooking skills. Improve the provision of healthy food within the local area Improve the quality of food in care homes and hospitals especially for the elderly	Ensure all children are doing the recommended level of Physical Activity each day Ensure more people are more active by taking part in everyday physical activity within their homes and communities Get more people using active travel (walking and cycling) on a regular basis for short journeys A multi-component sport, leisure and outdoor offer that is attractive and accessible to the whole community Promote active ageing by providing physical activity interventions for older people	Implement integrated behaviour change programmes which help people to increase healthy lifestyles Implement a weight management Peer Support Programme for people with mental health problems Develop 'Healthy Workplaces' for all employees	Review existing obesity clinical care pathways Audit and review the commissioning of Tier 1 2 and 3 Obesity services

Appendix 1: References

1. Tacking obesity: Local governments new public health role (LGA, 2014)
2. Obesity and the Environment: Increasing Physical Activity (PHE, 2013)
3. Healthy Lives, Healthy People: A call to action on obesity (DoH, 2011)
4. The economic burden of obesity (NOO, 2011)
5. The National Child Measurement Programme (provides data for children in reception and year six down to a local level) **www.ic.nhs.uk/ncmp**
6. The Health Survey for England (includes information of BMI, fruit and vegetable intake and physical activity levels for children and adults) www.tinyurl.com/8atva8
7. NICE obesity guidance (advice on how local communities can work together to tackle obesity) :
    I. LGB9 Preventing obesity and helping people to manage their weight;
    II. Clinical Guidance (CG43): Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
    III. PH42 Obesity: working with local communities;
    IV. PH47 Managing overweight and obesity among children and young people: lifestyle weight management services;
    V. PH 53 Managing overweight and obesity in adults – lifestyle weight management services.
    VI. Behaviour change: the principles for effective interventions (PH6).
8. Faculty of Public Health toolkit for developing local strategies (tips on how to plan and implement local strategies to tackle obesity) www.tinyurl.com/c8ajsn9
9. National Obesity Observatory (houses a wealth of data, evidence and information about obesity and the wider determinants broken down to a local level) **www.noo.org.uk**
10. An Obesity toolkit for Local Authorities (NOO, et al, 2012)
11. Health Lives, Health People: A call to action on obesity in England www.apho.org.uk
12. Child and Maternal Health Observatory Website (includes information and evidence on a range of lifestyle and health factors) www.chimat.org.uk/
13. Local health profiles (database which can be broken down by local authority area to give details on everything from disease rates and deprivation to physical activity levels and breastfeeding rates) www.tinyurl.com/c64az9z
14. Local Government Association **www.local.gov.uk/health**
15. "Healthy Weight, Healthy Lives: A toolkit for developing local strategies" (DoH, October 2008)
16. National Obesity Observatory Standard Evaluation Framework April 2009 **www.noo.org.uk/SEF**
17. "Tackling Obesities: Future Choices" October 2007 **www.foresight.gov.uk**

Appendix 2: Definition of the tiers

Definition of the tiers, commissioning lead and patient journey - taken from *Joined up Clinical Pathways for Obesity: Report of the Working Group* (March 2014)

Annex 3 – Joined up clinical pathways for obesity working group: Definitions of the tiers, commissioning lead and patient journey

To note these definitions represent the considered views of the majority of the group at the time and were used as a reference to understand the context of tier 3 and 4. They are provided for information rather than as a definition.

Tiers	Description	Location	Commissioning lead (primary responsibility agency)	Referral Criteria	Patient Journey – what are the characteristics of the service users?
1 Behavioural	Universal interventions (prevention and reinforcement of healthy eating and physical activity messages). Includes public health and national campaigns. Brief advice.	Various	Local Authorities responsible for the provision of community based interventions which encourage healthy eating and physical activity.		Overweight Exit to either tier 2 or exit from pathway.
2 Weight management services	Lifestyle weight management services. Normally time limited.	Community / GP practice	Local Authorities responsible for commissioning lifestyle weight management services. Local Authorities as lead agency engaging CCG's and NHS.	Locally determined	Individual defined as overweight and needs personal directed intervention/s in the community. Entry either self-referred or referred, possibly from from tier 1. Exit from pathway.

Joined up clinical pathways for obesity: Report of the working group

					Continuation with tier 2 services. Exit to tier 3.
Tiers	Description	Location	Commissioning lead (primary responsibility agency)	Referral Criteria	Patient Journey – what are the characteristics of the service users?
3 Clinician led multi-disciplinary team (MDT).	A MDT clinically led team approach, potentially including physician (including consultant or GP with a special interest), specialist nurse, specialist dietitian, psychologist, psychiatrist, and physiotherapist.	Location flexible – hub / community / GP practice/ secondary care setting	CCGs as the future primary commissioners for tier 3 services, engaging with LA and NHS.	Very obese /morbidly Obese	An obese individual with complex needs who has not responded to previous tier interventions. Engagement in tier 3 does not automatically lead to surgery. Entry from either tier 2 or tier 4 or direct entry. Exit to either tier 2 or tier 4 or exit from pathway.
4 Surgical and non-surgical	Bariatric Surgery, supported by MDT pre and post op.		NHS England is responsible for the assessment and provision of surgery in the short term. In recognising the benefits of integrated commissioning, NHS England to conduct an early consideration of the elements of tier 4 that should transfer to CCG commissioning in the medium term.	Very obese /morbidly Obese	Entry- must have engaged with tier 3. Exit to tier 3 (post op support).

Appendix 3: What we know about obesity in Torbay

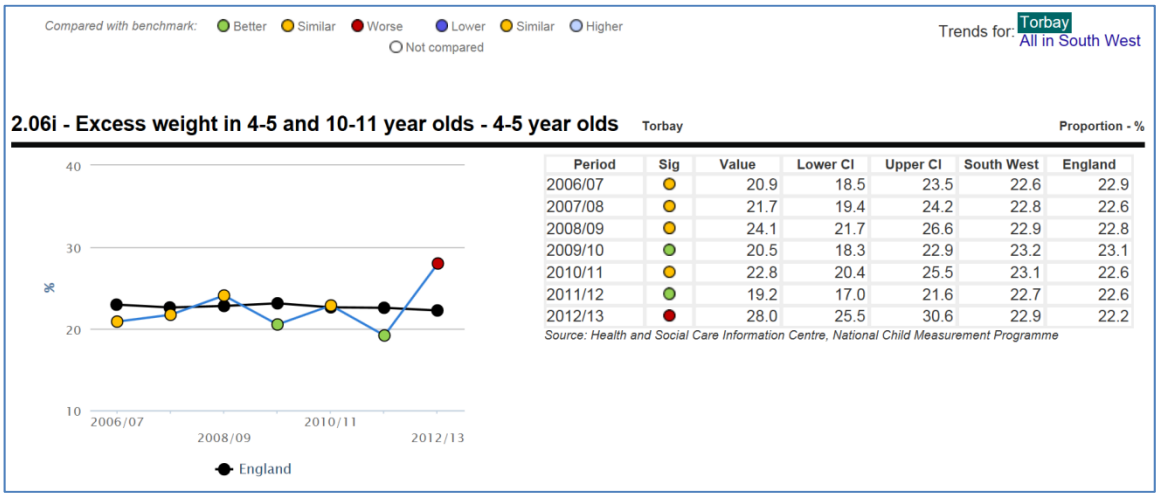
The following tables provide evidence on what we know about child and adult obesity in Torbay. The most robust performance metrics and data sources data available, including PHOF Indicators, have been utilised including trend data where possible. This data has been used to inform the Action Plan. England benchmarks have been used where available.

A. Child Obesity

1 Prevalence of child obesity

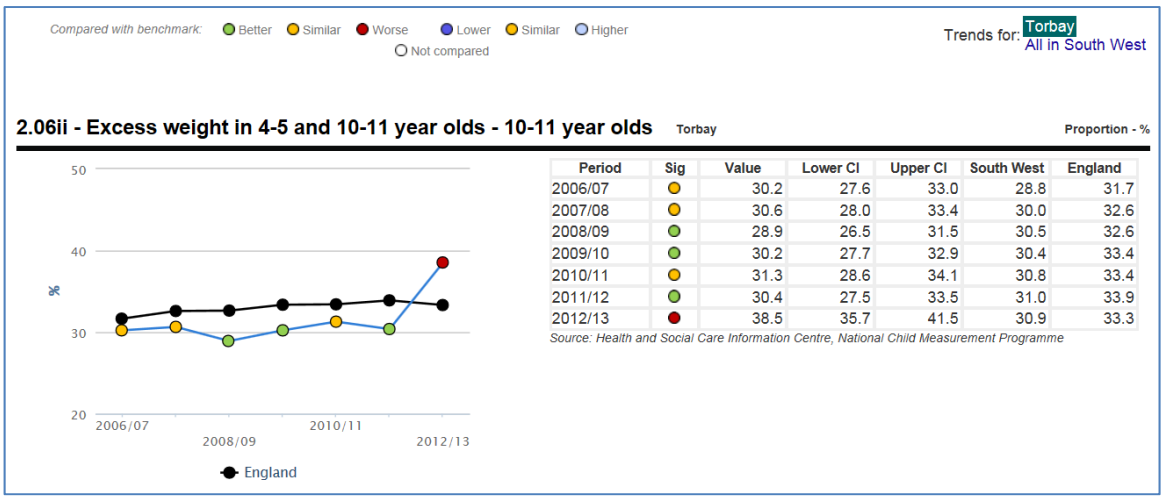
The National Child Measurement Programme (NCMP) annually weighs and measures children in reception year and year six in maintained schools in England. The programme began in 2005 and now provides the most robust source of childhood obesity data in England. The latest NCMP data taken from the Public Outcomes Framework shows that the prevalence of obesity in children in Torbay has increased sharply. Excess weight (overweight and obese) in Reception Year stands at **28%** (Figure 1) with an England value of 22.2% and in Year 6 stands at **38.5%** (Figure 2) with an England value of 33.3%. **These current PHOF performance metrics show Torbay as worse than the national benchmark**

Figures 1 & 2. Public Health Outcomes Framework (Source: Health and Social Care Information Centre.



Period	Sig	Value	Lower CI	Upper CI	South West	England
2006/07		20.9	18.5	23.5	22.6	22.9
2007/08		21.7	19.4	24.2	22.8	22.6
2008/09		24.1	21.7	26.6	22.9	22.8
2009/10		20.5	18.3	22.9	23.2	23.1
2010/11		22.8	20.4	25.5	23.1	22.6
2011/12		19.2	17.0	21.6	22.7	22.6
2012/13		28.0	25.5	30.6	22.9	22.2

Source: Health and Social Care Information Centre, National Child Measurement Programme



Period	Sig	Value	Lower CI	Upper CI	South West	England
2006/07		30.2	27.6	33.0	28.8	31.7
2007/08		30.6	28.0	33.4	30.0	32.6
2008/09		28.9	26.5	31.5	30.5	32.6
2009/10		30.2	27.7	32.9	30.4	33.4
2010/11		31.3	28.6	34.1	30.8	33.4
2011/12		30.4	27.5	33.5	31.0	33.9
2012/13		38.5	35.7	41.5	30.9	33.3

Source: Health and Social Care Information Centre, National Child Measurement Programme

Participation in NCMP

The NCMP 12/13 data set is likely to provide an accurate picture of child obesity in Torbay as school participation rates have increased over the past four years. A higher participation rate means a more representative sample of children and a more realistic estimate of obesity prevalence. The Torbay participation rate stands at:

- **91.8%** for Reception (85.9% in 11/12)
- **90.9%** for Year 6 (83.1% for 11/12)

Three year averages

The National Obesity Observatory recommends using a three year average to improve the robustness of analysis:

Reception Year

Comparison of excess weight in Reception Year in Torbay shows no real change or significant difference between years. Around **one in five children** are classed as overweight or obese when they start primary school which is generally consistent with England figures.

- 0809-1011: **22.5%**
- 0910-1112: **20.8%**
- 1011-1213: **23.3%** (current England value 22%)

Year 6

Prevalence of excess weight in Year 6 in Torbay has increased in recent years but differences are not significant. Around **one in three children** are classed as overweight or obese by the time they leave primary school which is generally consistent with England figures.

- 0809-1011: **30.7%**
- 0910-1112: **30.6%**
- 1011-1213: **33.4%** (current England value 33.3%)

The following performance metrics have been included under the child obesity heading as associated determinants and diseases:

Children in poverty

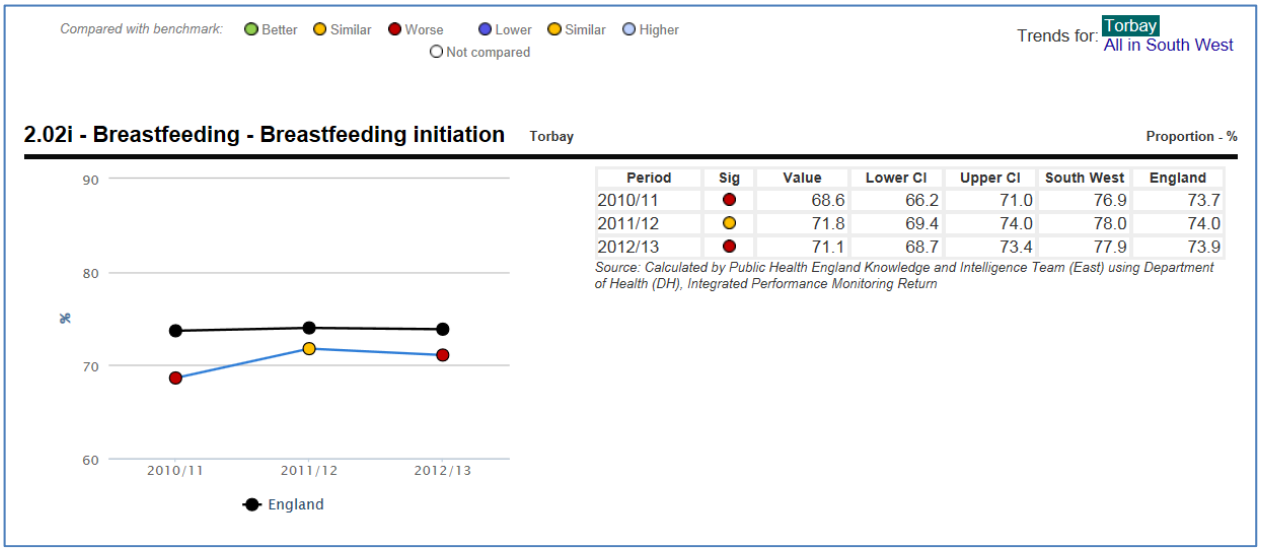
This indicator relates to the % of children (dependent children under 20) in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income). The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. **There is one year of data available under the current PHOF performance metric which shows Torbay worse than the national benchmark.**

Torbay: **23.8%** (current England value 20.3%) *HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics 2011)*

2. Breastfeeding initiation and duration

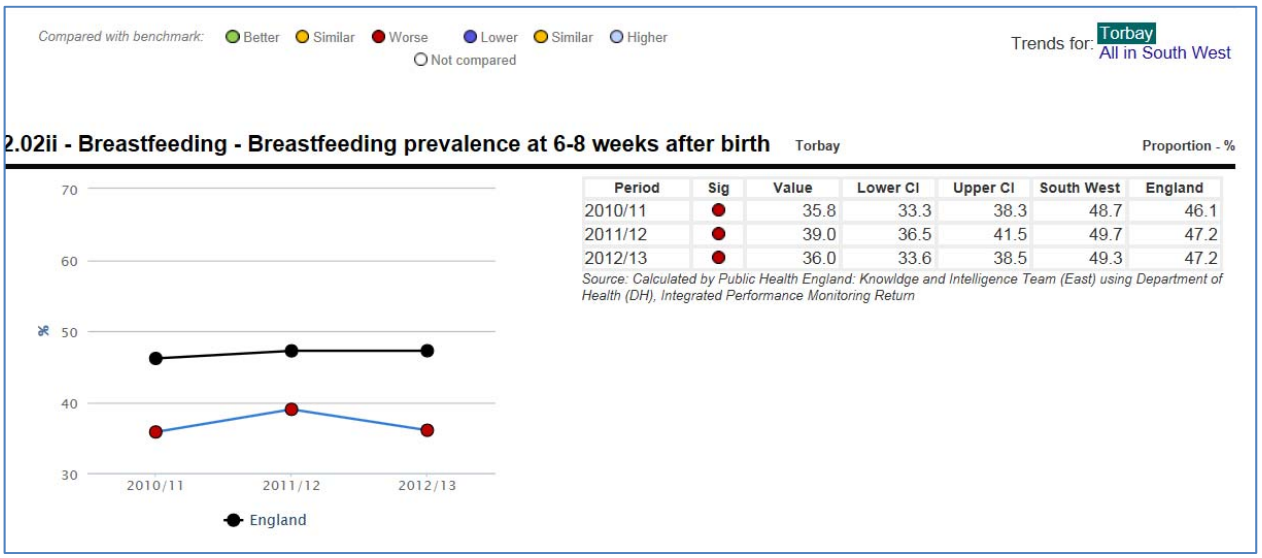
There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Breast milk provides the ideal nutrition for infants in the first stages of life. **These current PHOF performance metrics show Torbay as worse than the national benchmark.**

- Initiation: % of all mothers who breastfeed their babies in the first 48hrs after delivery. Figure 3. Torbay initiation rate: **71.1%** (current England value 73.9%).
- Duration: % of all infants due a 6-8 week check that are totally or partially breastfed. Figure 4. Torbay duration rate: **36%** (Current England value 47.2%)



Period	Sig	Value	Lower CI	Upper CI	South West	England
2010/11		68.6	66.2	71.0	76.9	73.7
2011/12		71.8	69.4	74.0	78.0	74.0
2012/13		71.1	68.7	73.4	77.9	73.9

Source: Calculated by Public Health England Knowledge and Intelligence Team (East) using Department of Health (DH), Integrated Performance Monitoring Return



Period	Sig	Value	Lower CI	Upper CI	South West	England
2010/11		35.8	33.3	38.3	48.7	46.1
2011/12		39.0	36.5	41.5	49.7	47.2
2012/13		36.0	33.6	38.5	49.3	47.2

Source: Calculated by Public Health England: Knowldge and Intelligence Team (East) using Department of Health (DH), Integrated Performance Monitoring Return

Figures 1 and 2 calculated by Public Health England: Knowledge and Intelligence Team (East) using Department of Health (DH), Integrated Performance Monitoring Return

3. Uptake of school lunches

School food standards are available in the UK. The main aim of these standards is to ensure that children receive healthy, balanced and nutritionally adequate meals, food and drinks at school to provide them with the nutrients needed for health growth and development. *British Nutrition Foundation, December 2011.*

Data is collected via a survey of local authorities in England to ascertain the level of uptake of school lunches and to find out about factors affecting take up. The survey also gathers contextual information about school lunch provision**. This performance metric shows Torbay worse than the national benchmark.**

- Uptake of School Lunches in Torbay: **31.9%** (current England value 46.3%). Three year averages from 2009 show no effective change. *School Food Trust Annual Survey of Local Authorities, 2011-12*

4. Eligible and claiming free school meals

In England a free school meal is a statutory benefit available to school aged children from families who receive other qualifying benefits and who have been through the relevant registration process.

- In Torbay **19%** of eligible pupils are claiming free school lunches (current England value 17.1%) *Department for Education, 2013*

5. Decayed, missing and filled teeth – children aged 5 and 12.

Tooth decay is a predominantly preventable disease. Significant levels remain (28% of five-year-old children have observable decay), resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. Although, the causes of obesity and dental caries are complex and multi-faceted, the increase in time children are spending engaged in sedentary indoor activities (especially television viewing), a lack of physical activity and snacking on energy/sugar dense drinks and foods are likely to contribute to both conditions. **The PHOF performance metric regarding decayed, missing and filled teeth in children aged 12 shows Torbay worse than the national benchmark.**

- **12 year old** children in Torbay had an average of **.97** decayed, missing or filled teeth (current England value .74) Public Health Outcomes Framework. Single year Office of National Statistics 2008 mid-year population estimates by IMD 2007 quintile. Dental Observatory
- **5 year old** children in Torbay had an average of **1.03** decayed, missing or filled teeth (current England value .94) National Dental Epidemiology Programme for England, Oral Health Survey of five year old children, 2012

B. Adult Obesity

Overarching indicators

Local authority level data on the prevalence of excess weight in adults (overweight including obesity, BMI ≥25kg/m2) has been added to the Public Health Outcomes Framework - data collected from 2012 through the Active People Survey.

Modelled estimates of adult obesity (16yrs+, 2006-2008) based on the Health Survey for England (HSE) and other socio-demographic data are available at local authority level. It must be noted that modelled estimates cannot be used to measure performance or change over time in individual areas. Although modelled estimates should be interpreted with caution they do give an indication of local obesity prevalence. As stated, the most recent modelled estimates date back to 2006-2008, however the HSE (2010) reports no significant change in overweight and obesity prevalence since 2008 for both sexes. This means we can be reasonably reliant on older modelled data to estimate current local obesity prevalence.

The National Obesity Observatory has developed an adult **obesity e-atlas** using modelled estimates. This is an interactive mapping tool that enables local authorities to examine local data on obesity and physical activity, and also rates of associated diseases - and compare these to regional and national figures. The e-atlas also presents deprivation and ethnicity data by local authority.

National obesity data for adults (modelled or otherwise), are not currently available at geographies smaller than local authority.

1. Prevalence of adult excess weight

Questions on self-reported height and weight were added to the Active People Survey (APS) in January 2012 to provide data for monitoring excess weight (overweight including obesity, BMI ≥25kg/m2) in adults (age 16 and over) at local authority level for the Public Health Outcomes Framework. The APS data can be used to provide robust estimates of the prevalence of excess weight and also provides supporting indicators (underweight, healthy weight, overweight, and obesity).
Current Torbay value stands at **66.8%** with an England value of 63.8%. There is one year of data available under the current PHOF performance metric showing Torbay similar to the national benchmark. *Sport England Active People Survey (APS) in January 2012.*
However, modelled estimates of obesity (16yrs+, 2006-2008) based on the Health Survey for England (HSE) and other socio-demographic data are available at local authority level. **These sources point to an estimated prevalence of obesity in adults (16yrs+) in Torbay of 27.6% with a current England value of 24.2%.**

2. Adult Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with reduced risks of diabetes, obesity, osteoporosis, colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year. *National Obesity Observatory, 2014*

Two Public Health Outcomes Framework indicators utilise Sport England's recommendations (30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days) to assess physical activity at local authority level. **The PHOF performance metric monitoring those failing to meet these recommended guidelines shows Torbay worse than the national benchmark.**

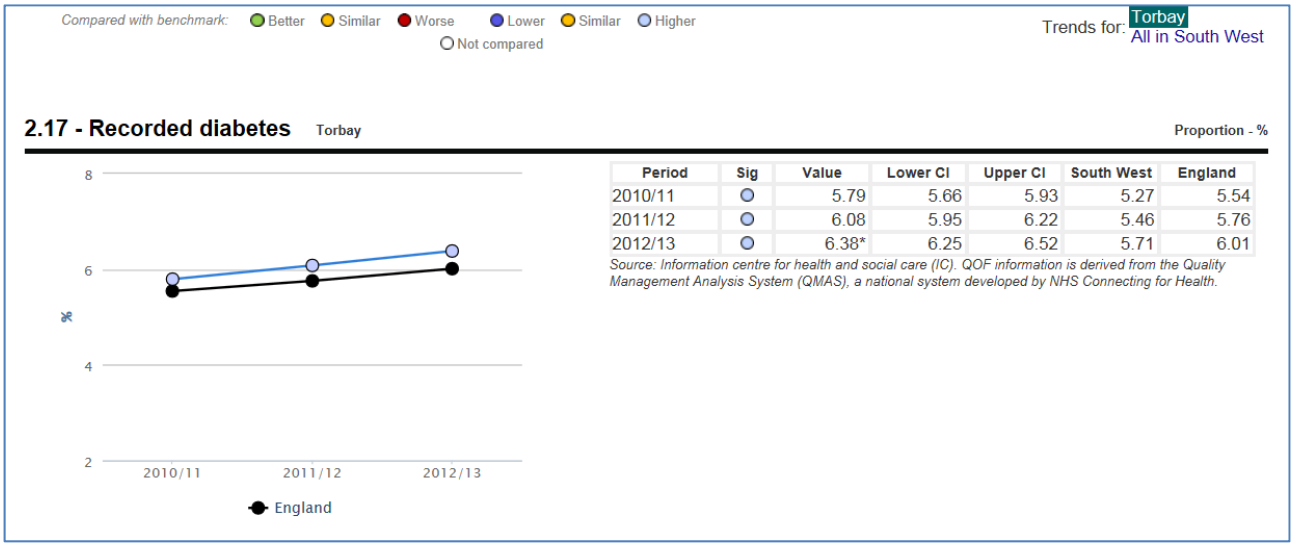
- **52.4%** within Torbay meet recommended guidelines (current England value 56%) 1 year of data available through Sport England Active People Survey (APS, January 2012
- **33%** within Torbay fail to meet recommended guidelines (current England value 28.5%) 1 year of data available through Sport England Active People Survey (APS, January 2012. Replicate APS from 2005/06 to 2010/11 utilising a similar population sample show no effective change.

Adult Obesity: Disease

1. Recorded Diabetes

This Public Health Outcomes Framework indicator measures the % of Quality Outcome Framework (QOF) recorded cases of diabetes registered with Torbay GP practices aged 17+. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. This indicator is designed to raise awareness of trends in diabetes among public health professionals and local authorities. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. **This performance metric shows Torbay higher than the national benchmark.**

Torbay: **6.38%** (current England value 6.01%)

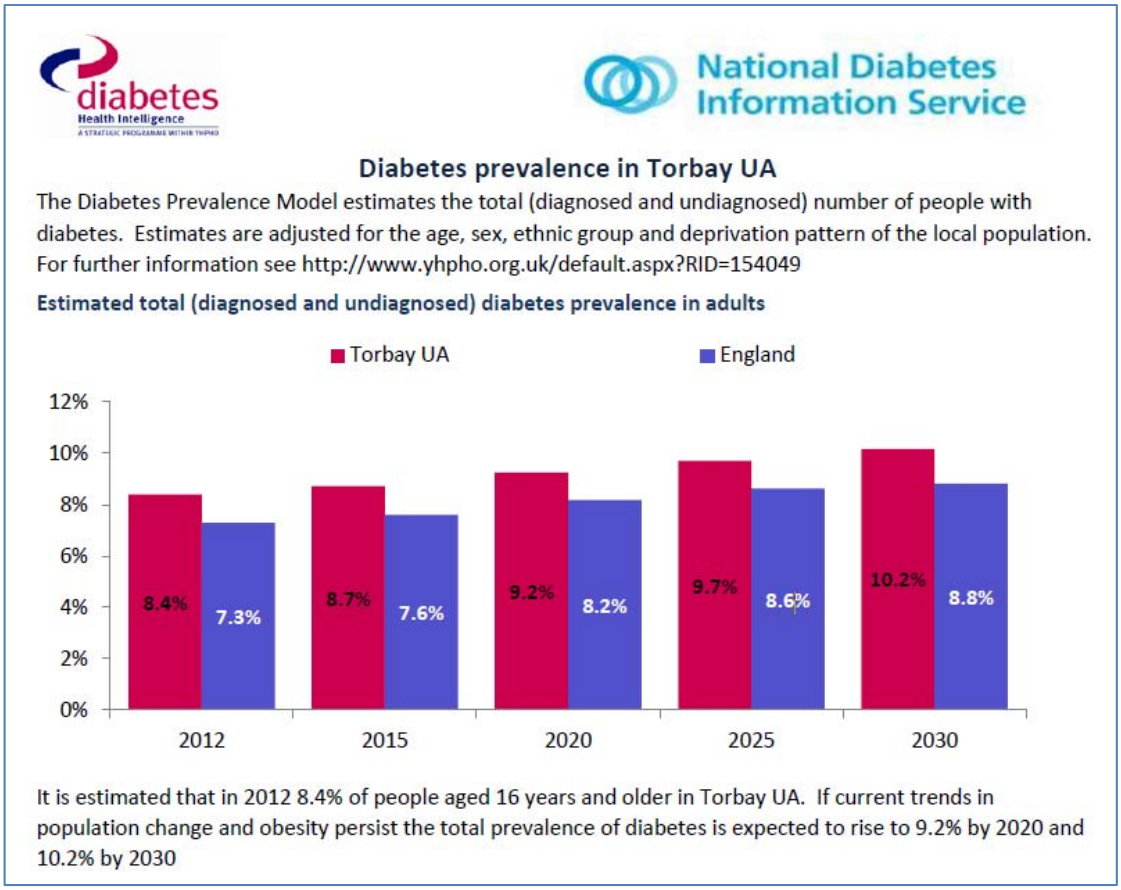


Period	Sig	Value	Lower CI	Upper CI	South West	England
2010/11		5.79	5.66	5.93	5.27	5.54
2011/12		6.08	5.95	6.22	5.46	5.76
2012/13		6.38*	6.25	6.52	5.71	6.01

Source: Information centre for health and social care (IC). QOF information is derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health.

Figure 5 source: Information centre for health and social care (IC). QOF information is derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health.

Modelled estimates of prevalence within local authorities are available covering the period 2012 to 2030. The following bar chart (Figure 6) paints a stark picture for Torbay with over 10% of the adult population estimated to have type 2 diabetes by 2030.



Source: Yorkshire & Humber Public Health Observatory, 2012

2. Coronary Heart Disease

It is now understand that fat, especially intra-abdominal fat, has significant impact on our metabolism. This fat affects blood pressure, blood lipid levels and interferes with the ability to use insulin effectively. Insulin is used to process glucose derived from food. If insulin cannot be used properly then type 2 diabetes may develop – diabetes is a risk factor of cardiovascular disease. As people get fatter the risk of developing type 2 diabetes and hypertension rises steeply. Statistics show that 58% of diabetes and 21% of ischemic heart disease are attributable to a BMI above 21. *(Source: World Heart Federation, 2014)*

Single year modelled estimates of prevalence within local authorities are available for 2011. These estimates are outlined in Figures 7 and 8 below.

In all cases prevalence in Torbay is estimated to be worse than the South West and England values with just under **10%** of all males aged 16+ in Torbay estimated to have some form of coronary heart disease.

Figures 7 and 8: single year modelled estimates of prevalence within local authorities, 2011.

	Males			Females			Persons		
	Number with CHD	Number of males (16+)	Prevalence of CHD (%) (males 16+)	Number with CHD	Number of females (16+)	Prevalence of CHD (%) (females 16+)	Number with CHD	Number of persons (16+)	Prevalence of CHD (%) (persons 16+)
Torbay	5269	53398	9.87	3908	58364	6.70	9177	111762	8.21
South West	158521	2092696	7.57	111660	2214372	5.04	270181	4307068	6.27
England	**1435229**	**20541288**	**6.99**	**1007671**	**21551541**	**4.68**	**2442901**	**42092829**	**5.80**

Age	16-44			45-64			65-74			75+		
	Number with CHD	Number of persons	Prevalence of CHD (%) (persons)	Number with CHD	Number of persons	Prevalence of CHD (%) (persons)	Number with CHD	Number of persons	Prevalence of CHD (%) (persons)	Number with CHD	Number of persons	Prevalence of CHD (%) (persons)
Torbay	211	43310	0.49	2474	37019	6.68	2738	15559	17.60	3755	15874	23.66
South West	7674	1904298	0.40	78641	1391492	5.65	78975	511675	15.43	104891	499603	20.99
England	**89455**	**20615245**	**0.43**	**760033**	**13044720**	**5.83**	**704238**	**4379162**	**16.08**	**889174**	**4053702**	**21.93**

Source East of England Public Health Observatory, 2011

Adult Obesity: Determinants

It is widely acknowledged that there are numerous environmental, social, economic and physical factors that can influence obesity prevalence. These include knowledge/intake and access to high quality foods such as fruit, vegetables and lean meats, cereals (grains) and pulses (legumes), sedentary living, fast foods, high energy-dense foods, fizzy drinks and access to green space.
It is also largely accurate to say that there is an association between deprivation and obesity prevalence. Accessing local authority level data in these areas is often problematic due to a lack of source data or small population samples. A selection of data including the relation between deprivation and obesity is included below:

1. Obesity and deprivation

Figure 1 shows adult obesity prevalence by Middle Super Output Area (5,000-15,000 people) and ward in Torbay. Based on synthetic estimates, over a quarter of Torbay's population is obese, which mirrors

national estimates for 2010 (Figure 9). Ellacombe, Tormohun and Blatchcombe wards have the highest obesity prevalence. This is not unexpected as these are amongst the 20% most deprived areas in England (Figure 10).

Figure 9

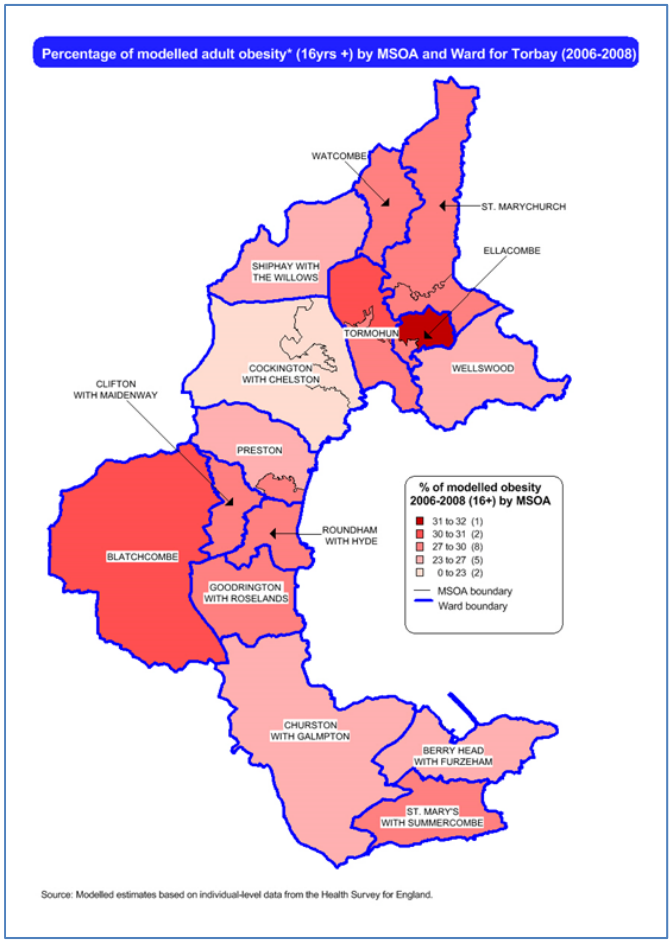


Figure 10

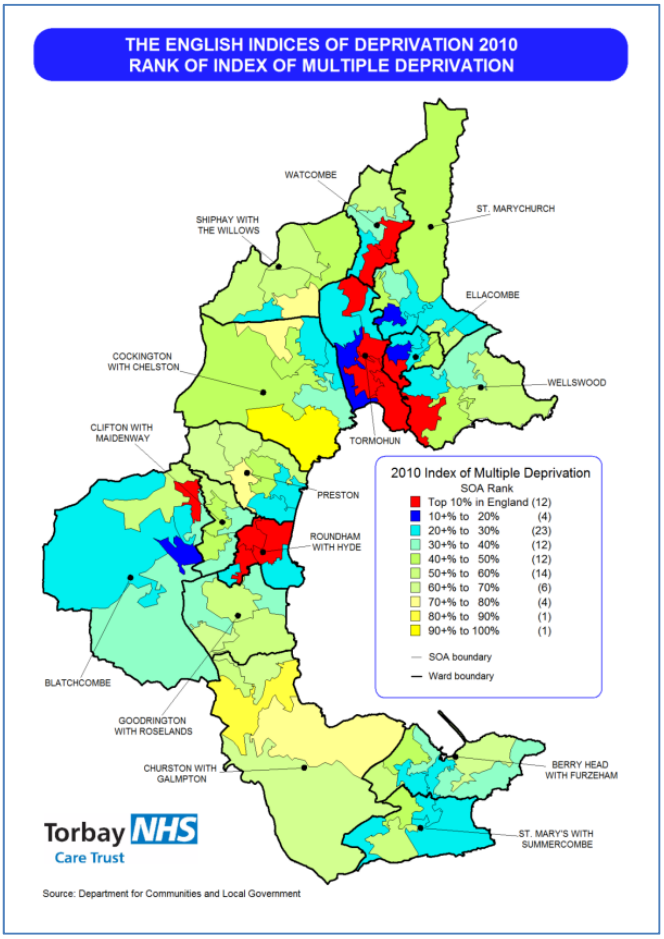


Figure 1 source: Modelled estimates based on population-level data from the Health Survey for England, 2006-08
Figure 2 source: English Indices of Deprivation, DCLG 2010

2. Nutritional Intake (5-A-Day)

The Health Survey for England also contains modelled estimates on nutrition data. This is currently the most robust data source to monitor trends in adult obesity in England. Data is presented through an indicator outlining the prevalence of healthy eating: number of adults (16yrs+) estimated to eat at least five portions of fruit and vegetables per day.

26.2% within Torbay meeting recommended guidelines (current England value 28.7%) *Health England Survey (single year modelled estimates, 2006-08*

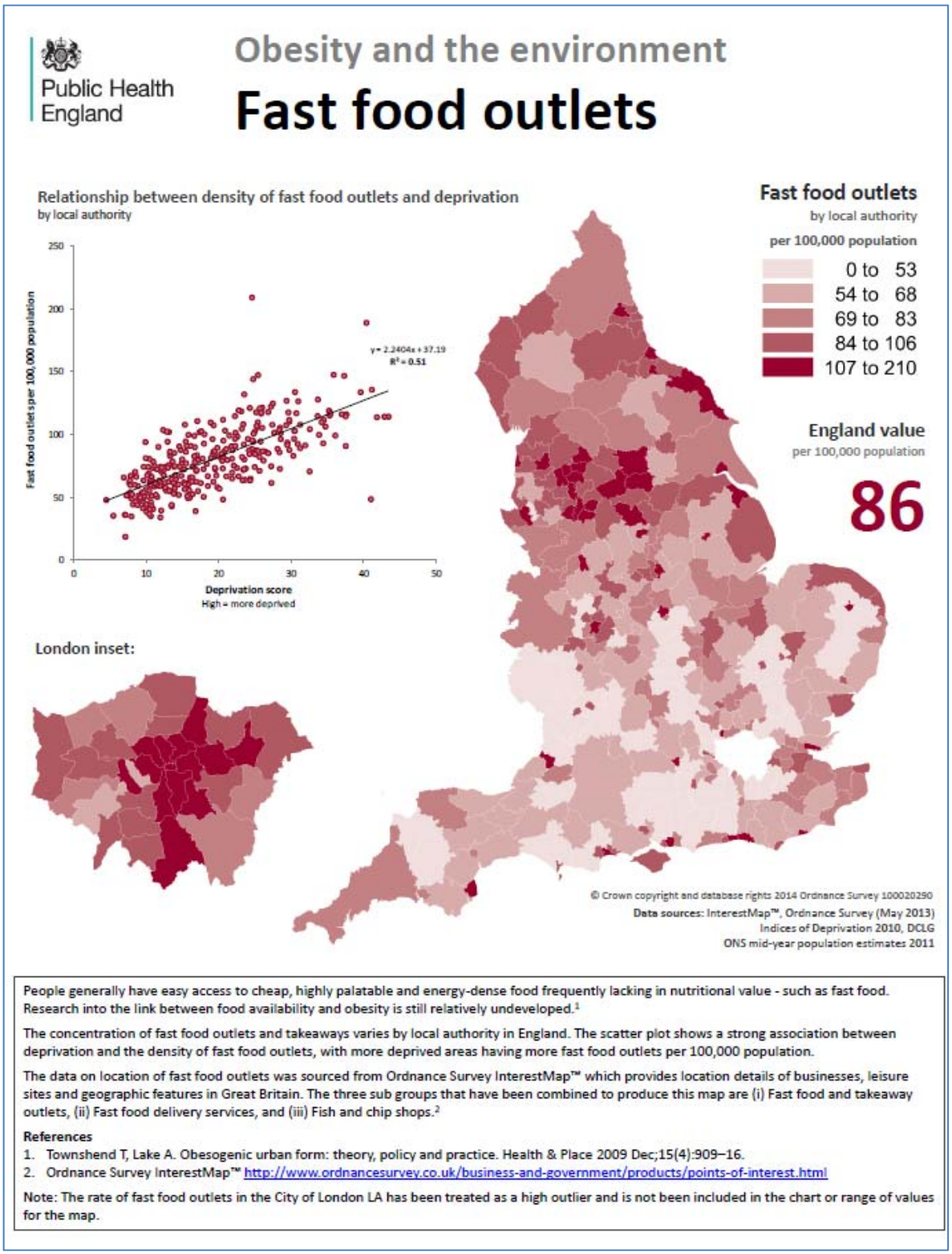
3. Fast Food Outlets (LA authority)

People generally have easy access to cheap, highly palatable and energy-dense food frequently lacking in nutritional value - such as fast food. Research into the link between food availability and obesity is still relatively undeveloped. The concentration of fast food outlets and takeaways varies by local authority in

England. The scatter plot Figure 11 shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population. The data on location of fast food outlets was sourced from Ordnance Survey InterestMap™ which provides location details of businesses, leisure sites and geographic features in Great Britain. The three sub groups that have been combined to produce this map are (i) Fast food and takeaway outlets, (ii) Fast food delivery services, and (iii) Fish and chip shops.

Torbay Local Authority area currently has **107-210** fast food outlets per 100,000 population (current England value - 86 per 100,000

Figure 11 source: National Obesity Observatory, 2014



People generally have easy access to cheap, highly palatable and energy-dense food frequently lacking in nutritional value - such as fast food. Research into the link between food availability and obesity is still relatively undeveloped.[1]

The concentration of fast food outlets and takeaways varies by local authority in England. The scatter plot shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population.

The data on location of fast food outlets was sourced from Ordnance Survey InterestMap™ which provides location details of businesses, leisure sites and geographic features in Great Britain. The three sub groups that have been combined to produce this map are (i) Fast food and takeaway outlets, (ii) Fast food delivery services, and (iii) Fish and chip shops.[2]

References

1. Townshend T, Lake A. Obesogenic urban form: theory, policy and practice. Health & Place 2009 Dec;15(4):909–16.
2. Ordnance Survey InterestMap™ http://www.ordnancesurvey.co.uk/business-and-government/products/points-of-interest.html

Note: The rate of fast food outlets in the City of London LA has been treated as a high outlier and is not been included in the chart or range of values for the map.

Appendix 4: Communications Plan

Item	Lead Officer	Complete?	Notes
Presentation/Discussion at appropriate Torbay Council Policy Development Group (PDG)	Mike Roberts	Y	
Presentation & input from Healthy Weights Steering Group (incl. members from existing Clinical Pathways Group)	Mike Roberts/Mark Richards	Y	Input into Strategy, Implementation Plan and Steering Group membership
Presentation at Health and Wellbeing Board	Mike Roberts/Mark Richards		
Incorporation of strategy and implementation plan into developing Public Health portal	Mike Roberts/Mark Richards/Angela Cappello		Portal designed to act as a means for public and professionals to learn about services related to the tiers of the obesity pathway and activities and options related to healthy weights and physical activity
Members Briefing	Mark Richards/Angela Cappello		
Ongoing opportunistic linking with national campaigns (i.e. National Obesity Week 12-18 January 2015)	Mark Richards/Angela Cappello		http://www.noaw.org.uk/
Promotion of strategy through communications leads/websites of local authority, acute trust, CCG and provider	Mark Richards/Angela Cappello		