

## BOARD MEETING

19 March 2009  
Item no 09/03/21

### Adult obesity prevention and intervention services in County Durham and Darlington

#### 1. Introduction

Levels of obesity in County Durham and Darlington are among the worst in England. Much of the rise in obesity is due to inequalities in life choices around food and physical activity. Reducing the rise in obesity is essential to meet agreed goals in relation to increasing life expectancy and narrowing the gap in life expectancy between County Durham and Darlington and England as a whole. This paper provides an update of current and planned activities to prevent and manage adult obesity.

#### 2. Implications and Risks

- Prevention requires both opportunity for increased physical activity and knowledge about/access to healthy, affordable food. This requires changes in national policy as well as local action.
- The adult obesity services involve a range of programmes aimed at preventing people from becoming overweight or obese, managing weight problems and supporting the maintenance of healthy weight. The outcomes are largely individual lifestyle related and therefore pose significant challenges.
- There continues to be a risk due to the under capacity of specialist weight management services (including bariatric surgery).
- Failure to stop the rise in obesity will have a significant detrimental effect over the next ten years on life expectancy, with obesity-related increases in deaths from CVD and some cancers.

<i>Will there be a significant impact on patients or patient care?</i>	Tackling obesity is key to increasing healthy life expectancy and slowing the rise in type 2 diabetes
<i>Are there any financial or legal implications to implementing this item?</i>	Funding has been identified through the AOP process
<i>Will there be an impact on Equality, Diversity or Human Rights?</i>	Tackling obesity requires equitable service provision
<i>Does this item form an essential part of quality or performance standards e.g. Healthcare Commission, NHS Litigation Authority? If yes, detail which standard.</i>	Yes. Essential in meeting world class commissioning outcomes and vital signs-increase in life expectancy; reduction in CVD and cancer mortality

<b>3. Recommendation</b>	
The board is requested to note the progress made since April 2008 and the significant challenges ahead.	
<b>4. Submitted by</b>	
<b>Authors:</b>	Dr. Victoria Ononeze, Specialist Registrar, Public Health; Iain Miller, Partnership and Performance Manager (Adult Obesity Lead)
<b>Sponsoring Directors:</b>	Miriam Davidson, Locality Director of Public Health; Dr. Tricia Cresswell, Executive Director of Public Health
<b>Date:</b>	March 2009
<b>5. Purpose of the Paper</b>	
Information Sharing	<input checked="" type="checkbox"/> Development/discussion <input type="checkbox"/> Decision/action <input type="checkbox"/>

# **NHS County Durham and NHS Darlington**

## **Adult obesity prevention and intervention services**

### **1. Introduction**

The rapid rise in prevalence of adult obesity (particularly in males) is driving a rise in prevalence of type 2 diabetes and other obesity related conditions. This will have a significant detrimental effect over the next ten years on life expectancy, with obesity-related increases in deaths from CVD and some cancers. At its worst, the obesity driven increase in mortality will negate the population benefits of the huge effort to reduce smoking prevalence.

Levels of obesity in County Durham and Darlington are among the worst in England. The rising prevalence of adult obesity contributes to the life expectancy gap between County Durham and Darlington and England as a whole and within County Durham and Darlington. Much of the rise in obesity is due to inequalities in life choices around food and physical activity. Poorer people and those who live in socially deprived areas are most affected.

Prevention of obesity requires concerted efforts to improve opportunities for increased physical activity and knowledge about/access to healthy foods and cooking. Similarly, the availability of effective and accessible interventions for people who are overweight or obese is crucial in reducing the impact on health and wellbeing. This paper provides an update of current and planned activities to prevent and manage obesity.

### **2. Objective**

To contribute to an overall increase in life expectancy and contribute to the reduction or elimination of the gap in life expectancy between County Durham and Darlington and England as a whole by 2013.

### **3. Goals**

- To contribute to a reduction in the burden of chronic diseases (in particular cardiovascular disease and cancer) and thereby contribute to an overall increase in life expectancy.
- To contribute to a reduction in mortality from coronary heart disease and some cancers.
- To slow the rise in prevalence of adult obesity to the England average by 2013.
- To work with partner agencies to develop a multiagency approach to the prevention of obesity, focusing on access to physical activity and healthy foods.
- To commission and ensure delivery of an integrated adult intervention pathway in keeping with NICE guidelines.

#### 4. “Current state” (April 2008)

*Tackling Obesity in Adults in County Durham and Darlington* was published in June 2005 and local action plans were implemented by the predecessor PCTs. This led to a variety of food and health, weight management and physical activity programmes across County Durham and Darlington. Work in 2007/08 focussed mainly on increasing capacity and starting the “levelling” up of services. In April 2008 there was:

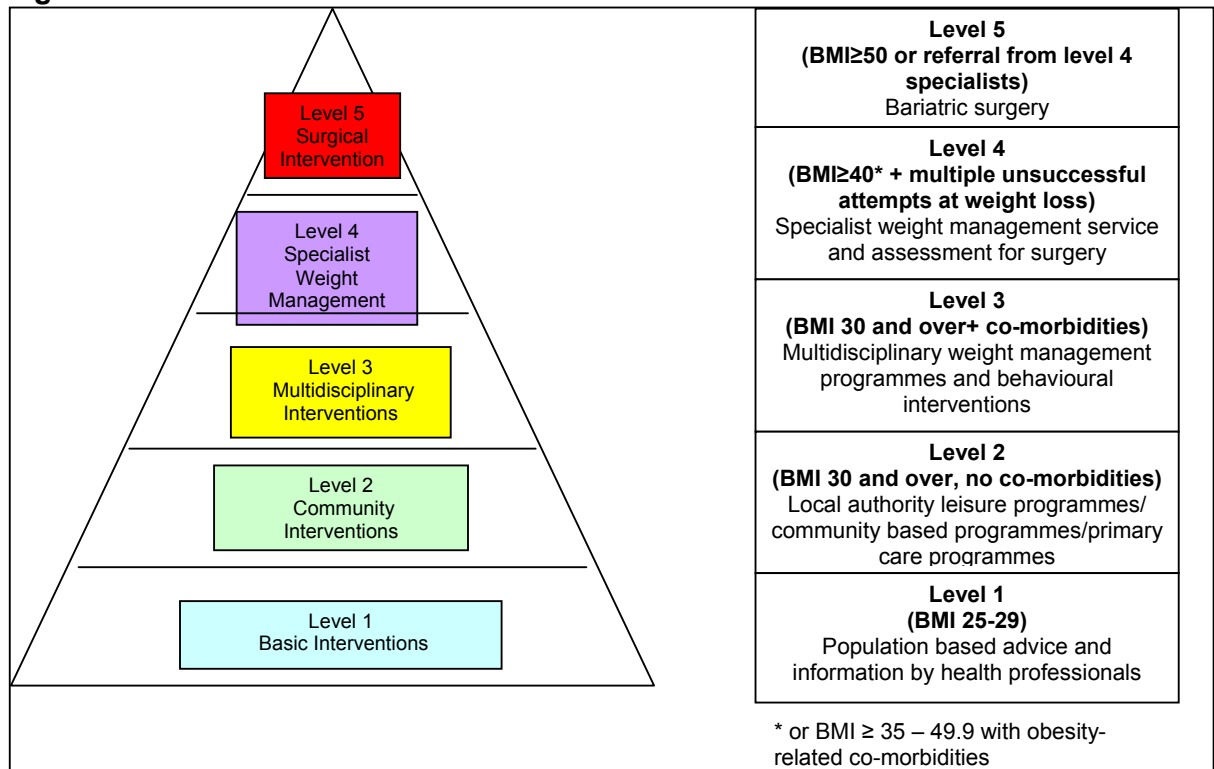
- Low recording of Body mass index (BMI) in primary care;
- Variation in access to food and health programmes;
- Inequality of access to community programmes;
- Inequality of access to “exercise on prescription”;
- Variation in approach to service developments at all levels across County Durham and Darlington;
- Lack of specialist obesity services as defined by NICE;
- Lack of capacity for bariatric surgery;
- Lack of an integrated and comprehensive adult obesity pathway.

#### 5. Initiatives April 2008- March 2009

##### 5.1 Adult obesity pathway

Using the corporate ‘Do it Once Do It Right’ (DIODIR) approach, phase one of the adult obesity pathway was developed in July 2008 and describes five levels or tiers for evidence-based service delivery (figure 1 and appendix 1).

**Figure 1: Tiered model of care**



Significant progress has been made in developing components of the pathway:

- Significant investment in primary care (through the PBC reward scheme) to improve BMI and waist circumference recording and brief advice (level1).
- Targeted messages via 'Working for Health' awards for adults in work (level 1).
- Links made to the use of social marketing in tailoring messages and the *Change for Life* brand will be adopted (level1).
- Improved access to community food and health, physical activity and weight management programmes (level 2).
- Community weight management training programmes updated, undergoing accreditation process via dietetics (level 2).
- Following a review of exercise referral schemes operating in County Durham and Darlington an exercise referral network has been established to action key recommendations (level 2).
- Consistent level 2 service specification in place across County Durham and Darlington.
- Service specification for levels 4 and 5 specialist weight management and bariatric services developed but implementation of the level 4 service delayed due to procurement problems.
- Additional bariatric surgery commissioned in year via regional specialised services commissioning arrangements (level 5).
- The cardiovascular disease identification and intervention programme now being implemented which will identify those requiring interventions (all levels).

## **5.2 Prevention**

- *Food and Health Action Plan 2008-2011* developed via stakeholder consultation.
- County Durham Sport commissioned to develop *County Durham Physical Activity Strategy* (March 2009)
- *Darlington Physical Activity Strategy* completed November 2008.
- NHS County Durham and NHS Darlington are represented on the Regional Advisory Group on Obesity, Diet and Physical Activity.

## **6. Initiatives 2009/10**

### **6.1 Prevention**

- The revised multi agency physical activity strategies must be implemented in County Durham and Darlington.
- Implementation of the *Food and Health Action Plan*.

### **6.2 Pathway implementation**

#### **Level 1**

- Develop standardised literature on food and health, physical activity and obesity related issues for use across County Durham and Darlington.

- Improve BMI and waist circumference recording in primary care.
- Develop standardised structured brief advice for patients with BMI between 25 and 30 to prevent them from becoming obese and explore the provision of advice in a variety of community settings (community pharmacy, children centres, leisure centre, etc).

### **Level 2**

- Develop a comprehensive register at GP practice level of BMI and waist circumference using QoF (quality outcome framework) and AOP (annual operating plan) performance management data.
- Ensure adequate training for primary care teams to deliver the 'Weight No More' course.
- Commission a range of providers of level 2 services.
- Commission primary care assessment of those with BMI > 30 to assess the presence of other risk factors and refer to diabetes or CVD pathway or to appropriate weight management programmes (through the PBC reward scheme).

### **Level 3**

- Develop and commission an intermediate level multidisciplinary weight management service and ensure equitable access across County Durham and Darlington. This is likely to evolve from current primary care services.

### **Levels 4 and 5**

- Commission adequate provision of specialist service (pre-assessment for bariatric surgery) and bariatric surgery. Bariatric surgery is commissioned through regional specialised services commissioning arrangements and a case for considerable additional bariatric surgery capacity has been accepted (a doubling of procedures to 600 in 2009/10 for the north east).
- Implement the level 4 service.

## **7. Measures and outcomes**

The following data form part of service specifications at all levels of service and will be monitored as part of performance management of the different programmes:

### **Process measures**

- Proportion of County Durham and Darlington population with BMI and waist circumference recorded.
- Number of patients with BMI>30 identified as having diabetes, coronary heart disease and hypercholestaemia.
- Number of patients accessing services at different levels of service.
- Number of patients assessed and referred for bariatric surgery.
- Number of staff trained to implement 'Weight No More' programme.
- Number of people accessing health trainer and food and health facilitators sessions.

### **Outcome measures**

- Intermediate outcomes of average BMI, cholesterol and blood pressure for those receiving interventions.
- Prevalence of obesity, baseline in 2009/10 and then trajectory to slow the rise in prevalence of adult obesity to the England average by 2013.
- Reduction in prevalence of type 2 diabetes, hypercholesteraemia, hypertension, cardiovascular disease (trajectories to be developed).
- Reduction in CVD mortality rates (trajectory agreed).

## **8. Risks**

Prevention requires both opportunity for increased physical activity and knowledge about/access to healthy, affordable food. Action to increase physical activity at population level requires change of national and local policy on transport and infrastructure such as availability of all forms of public transport, road and building design and availability of managed green spaces. In terms of food, there are major changes required in national approaches to food marketing and manufacture in order to support and encourage individual behaviour change.

The adult obesity services involve a range of programmes aimed at preventing people from becoming overweight or obese, managing weight problems and supporting the maintenance of healthy weight. The outcomes are largely individual lifestyle related and therefore pose significant challenges.

There continues to be a risk due to the under capacity of specialist weight management services (including bariatric surgery).

## **9. Recommendations**

The board is asked to note the progress made since April 2008 and the significant challenges ahead.

### **Authors:**

Dr. Victoria Ononeze, Specialist Registrar, Public Health;

Iain Miller, Partnership and Performance Manager (Adult Obesity Lead)

### **Sponsoring Directors:**

Miriam Davidson, Locality Director of Public Health;  
Dr. Tricia Cresswell, Executive Director of Public Health

**March 2009**



County Durham and Darlington pathway for adult obesity (at 9 February 2009)

APPENDIX 1

