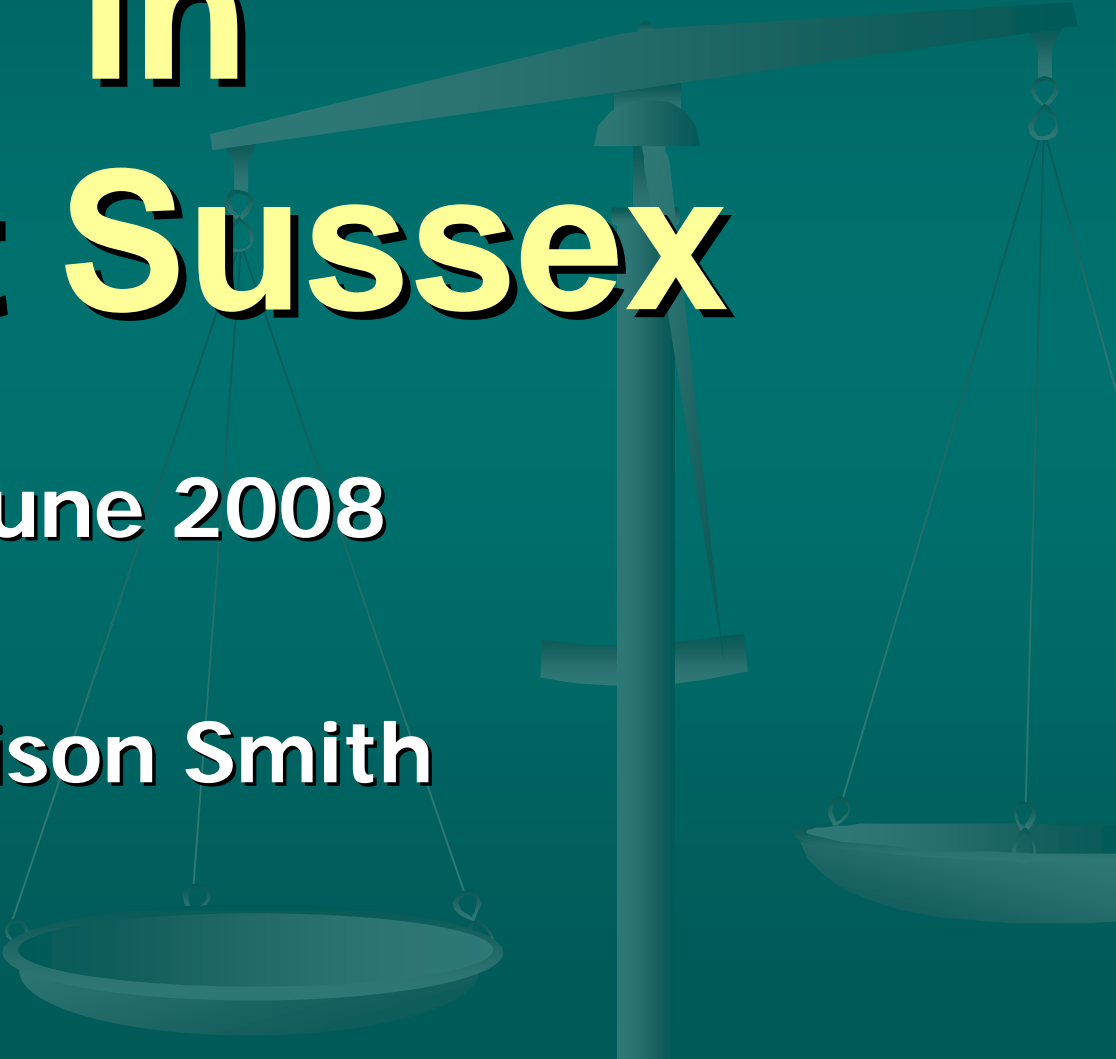


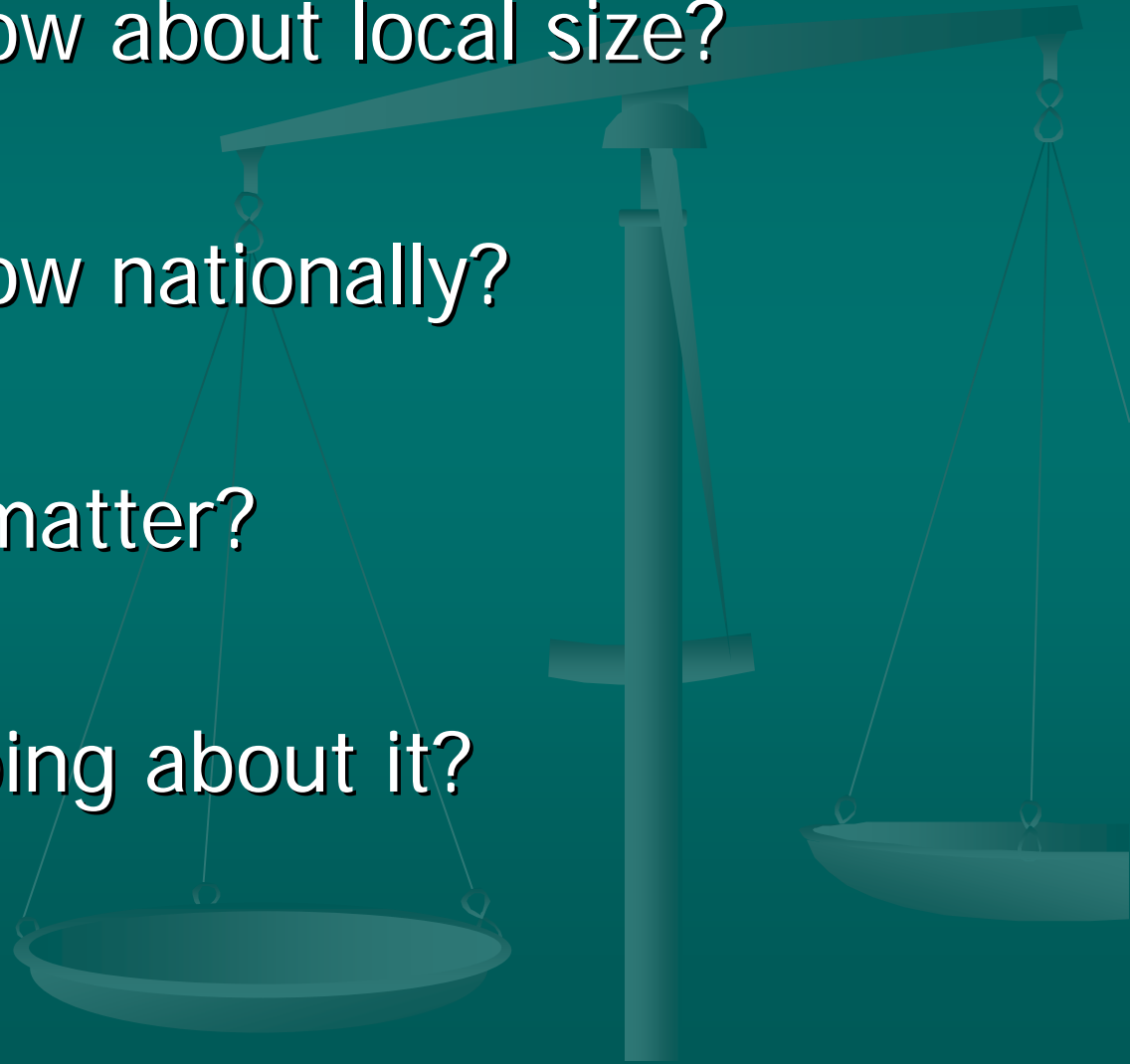
Tackling Obesity in East Sussex



June 2008

Alison Smith

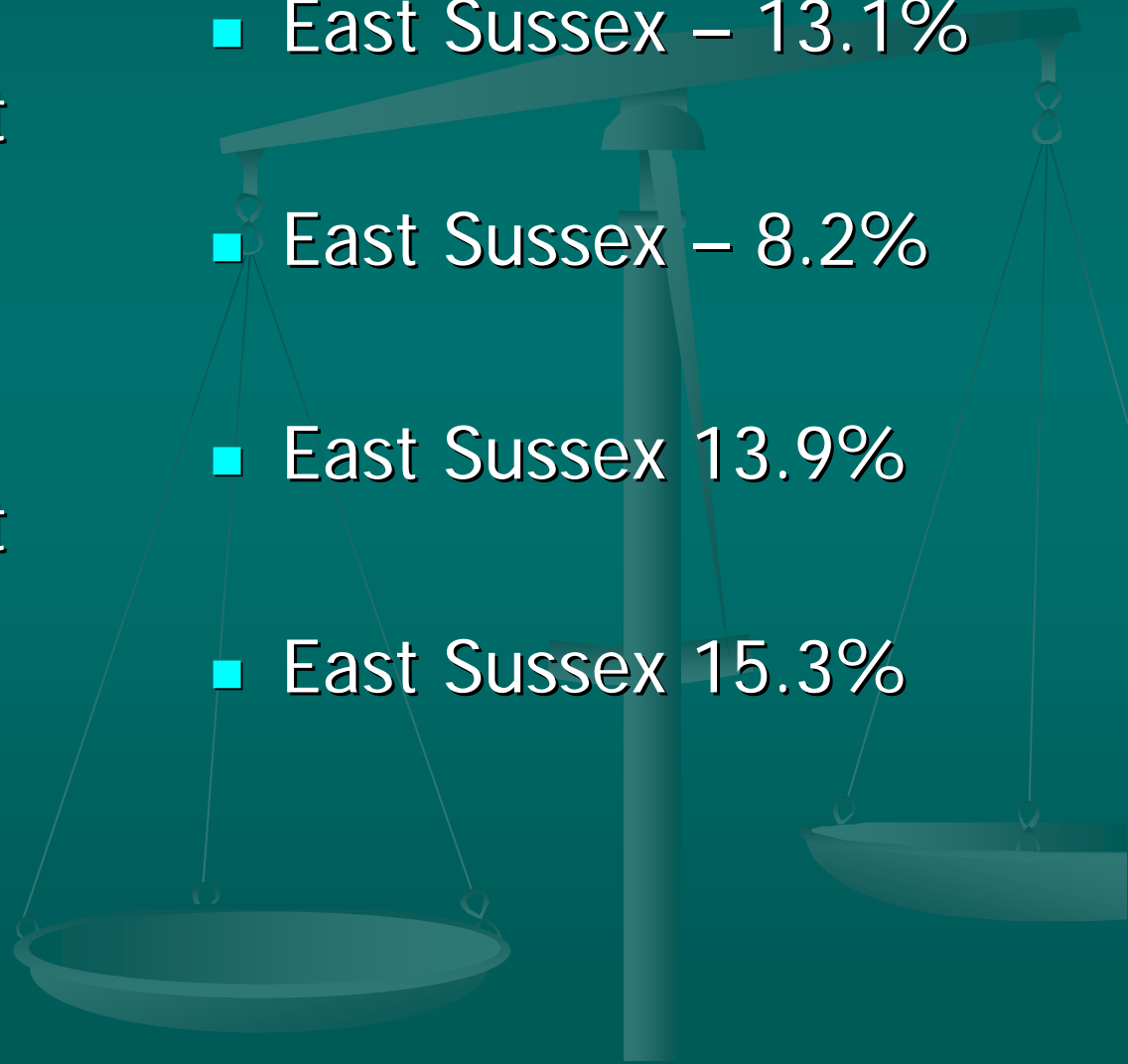
- What do we know about local size?
- What do we know nationally?
- Why does size matter?
- What are we doing about it?



2006/08 Hastings and Rother

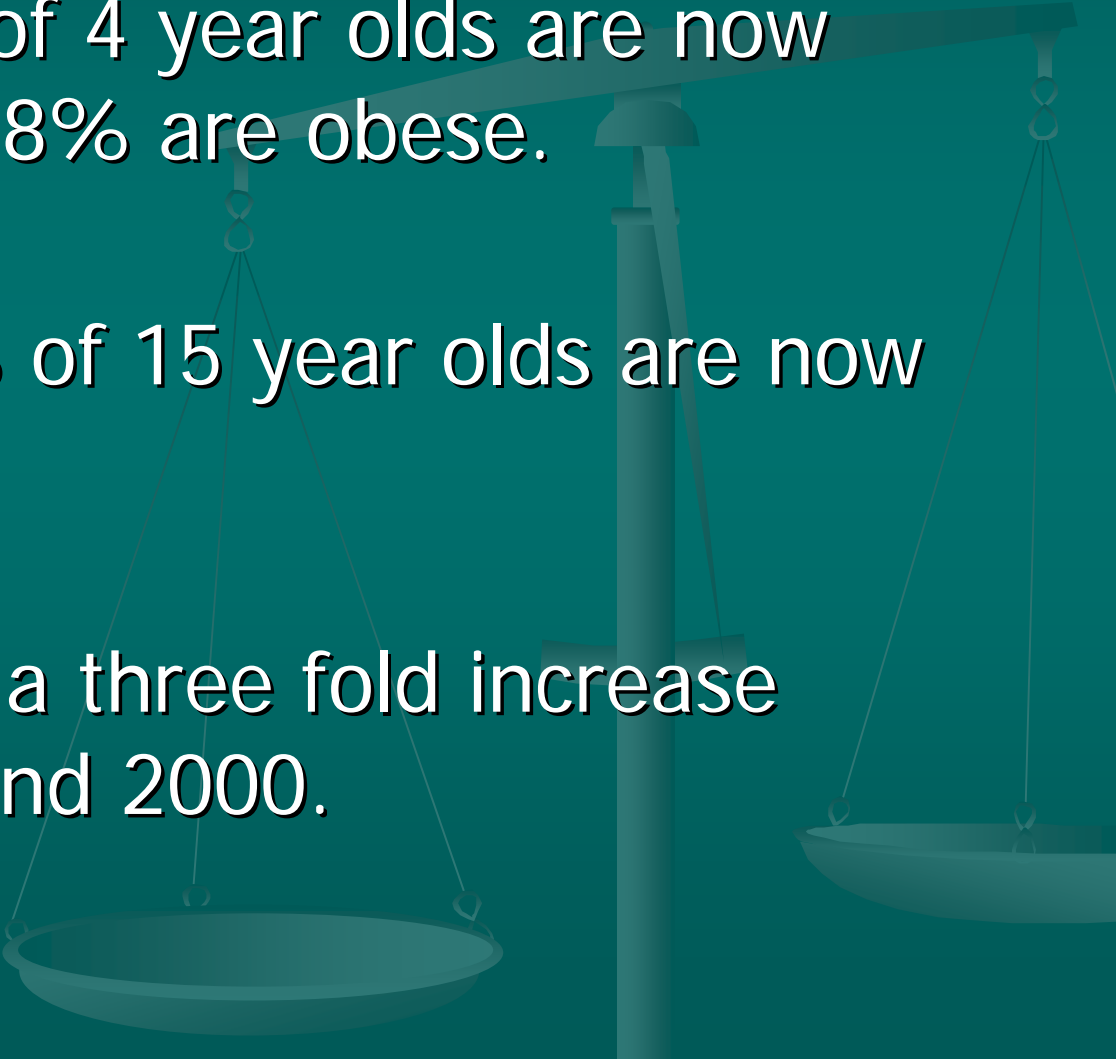
- Reception Year – 11.6% overweight
- Reception Year – 7.0% obese
- Year 6 – 13.2% overweight
- Year 6 – 13.9% obese

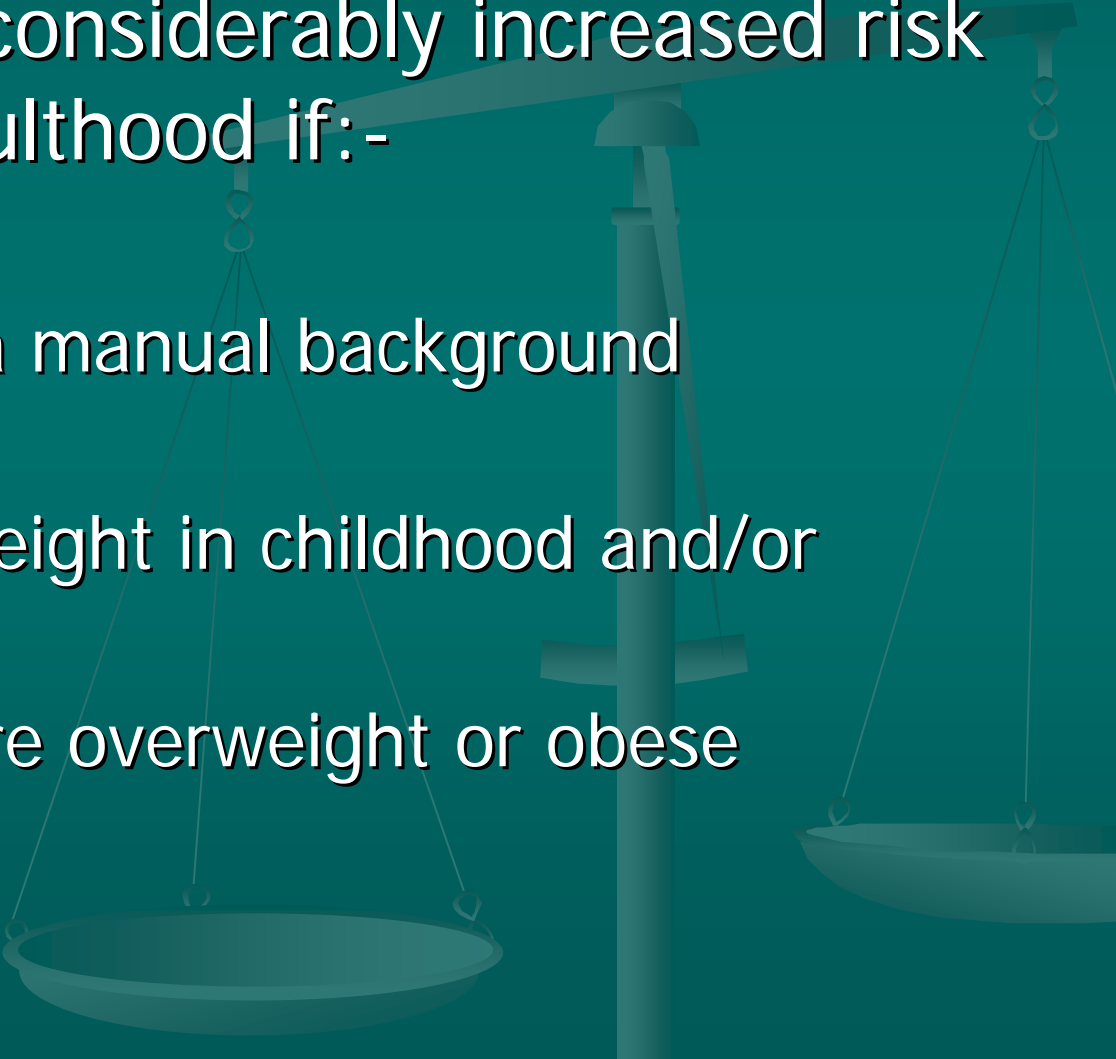
- East Sussex – 13.1%
- East Sussex – 8.2%
- East Sussex 13.9%
- East Sussex 15.3%



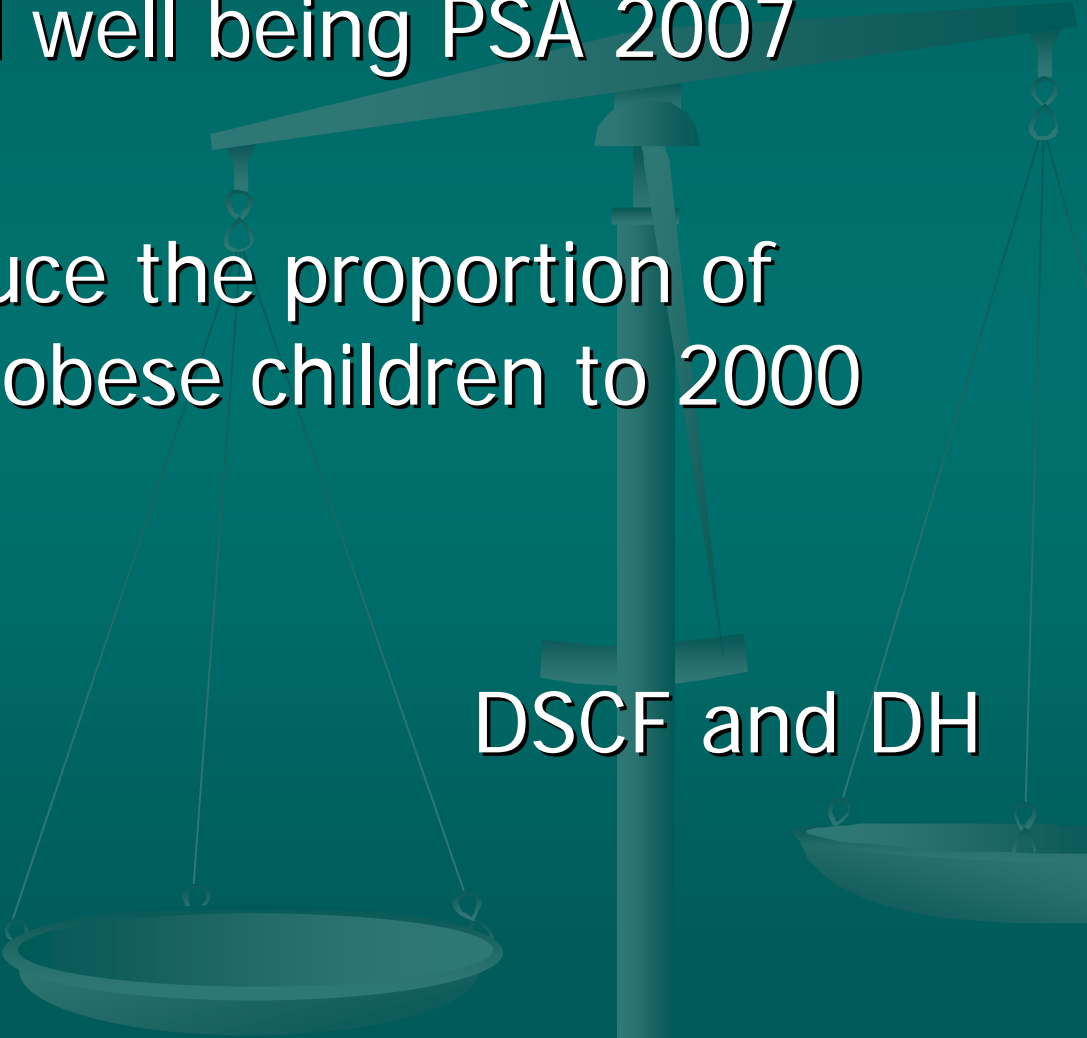
2006/08 East Sussex Downs and Weald

- Reception Year – 14% overweight
 - Reception Year – 8.9% obese
 - Year 6 – 14.3% overweight
 - Year 6 – 16.1% obese
 - East Sussex - 13.1%
 - East Sussex - 8.2%
 - East Sussex - 13.9%
 - East Sussex - 15.3%
- 

- 
- In the UK 20% of 4 year olds are now overweight and 8% are obese.
 - In England 17% of 15 year olds are now obese.
 - There has been a three fold increase between 1990 and 2000.

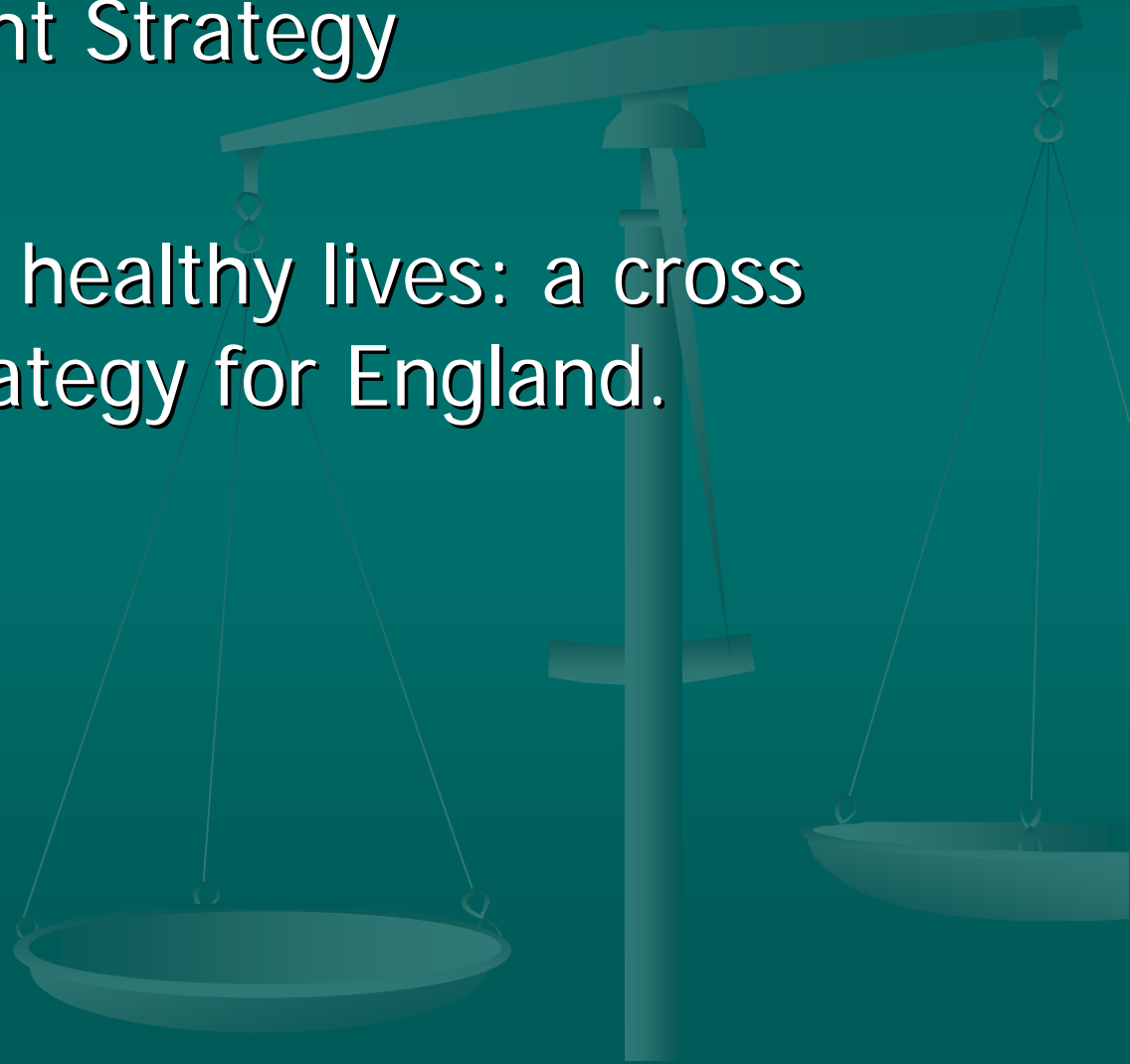
- 
- Children are at considerably increased risk of obesity in adulthood if:-
 - They are from a manual background
 - They are overweight in childhood and/or
 - Their parents are overweight or obese

- 
- On current trends by 2050
 - 60% men will be obese
 - 50% women
 - 25% children
 - Economic cost = £45.5 billion

- 
- Child health and well being PSA 2007
 - By 2020, to reduce the proportion of overweight and obese children to 2000 levels.

DSCF and DH

- New Government Strategy
- Healthy weight, healthy lives: a cross government strategy for England.





- Impact of being overweight or obese include:-

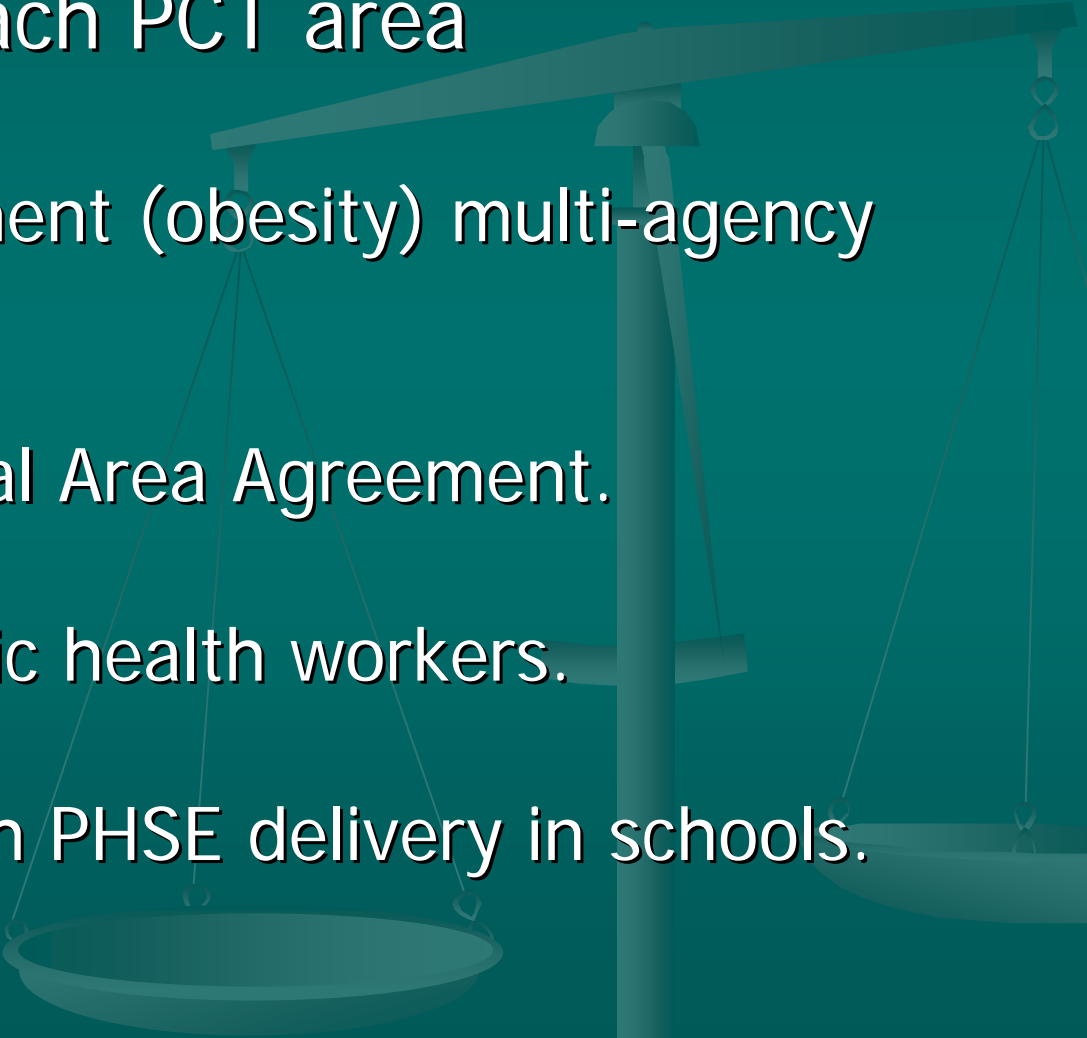
- Physical health – increased risk of diabetes, cancer, heart and liver disease.
- Mental health – bullying and discrimination, low self esteem, depression.



- Actions – 5 areas for tackling excess weight

1. Children – healthy growth and healthy weight
2. Promoting healthier food choices
3. Building physical activity into our lives
4. Creating incentives for better health
5. Personalised advice and support

East Sussex

- Strategies for each PCT area
 - Child measurement (obesity) multi-agency steering group.
 - Included in Local Area Agreement.
 - Priority for public health workers.
 - Strong links with PHSE delivery in schools.
- 

Choosing A Healthy Lifestyle

A Strategy For The Prevention And Management Of Overweight And Obesity Across Hastings and Rother 2007 to 2010

1. Purpose

The purpose of this strategy is to set out a way forward for the prevention of and management of overweight and obesity, across the whole population of Hastings and Rother.

2. Obesity – The Impact

- The 2001 National Audit Office report on Tackling Obesity in England (Ref I) set out the scale of the problem in detail.
- 1 in 5 adults is obese
- In England about 46% of men and 32% of women are overweight with an additional 17% of men and 21% of women classified as obese.
- The numbers of overweight and obese have trebled over the last 20 years
In 1980, the percentage of the UK population classed as obese was 7%. By 1998 this has increased to over 20%, a three-fold expansion.
- Overweight and obesity increase with age:
28% of men and 27% of women aged 16-24 are overweight or obese
76% of men and 68% of women aged 55-64 are overweight or obese.
- Children are at considerably increased risk of obesity in adulthood, if they are from a manual background, they are overweight in childhood and/or their parents are overweight or obese
- If the rate of increase in the prevalence of obesity amongst adults seen between 1980 and 1998 continues, over one fifth of men and about a quarter of women will be obese by 2005, and over a quarter of all adults by 2010.
- The increase in the prevalence of overweight and obese children has also become a major concern. In the United Kingdom, 20% of 4 year olds are now overweight and 8% are obese In England, 17% of 15 year olds are now obese, a threefold increase between the years 1990 and 2000.

The National Heart Forum publication Lightening The Load - Tackling Overweight and Obesity 2007 (Ref II) states that overweight and obesity are more common in lower socioeconomic and socially disadvantaged groups, particularly among women. Women's obesity prevalence is far lower in managerial and professional households (18.7%) than in households with routine or semi-routine occupations (29.1%).

The recently published Foresight project, Tackling Obesities: Future Choice's (Ref III), believes that in recent years Britain has become a nation where overweight is the norm. It forecasts that by 2050 60% of adult men, 50% of

adult women and about 25% of all children under 16 could be obese. The financial impact to society attributable to obesity, at current prices, is estimated to become an additional £45.5 billion per year by 2050 with a sevenfold increase in NHS costs alone.

Local Authority Health Profiles (Ref IV) are designed to show the health of people in local authorities across England. They are produced by Public Health Observatories for the Department of Health. The table below shows the 2007 estimated prevalence for adults on the key lifestyle variables relevant to this strategy.

	Eastbourne	Hastings	Lewes	Rother	Wealden
Obesity	21.8%	21.9%	22.3%	22.4%	21.6%
Fruit & Vegetable Consumption	33.3%	21.7%	31.5%	28.6%	33.2%
Physically Active Adults (5 or more days a week)	12.3%	11.1%	13.2%	11.3%	13.2%

3. Targets

A range of national and local targets are in place that the PCT and its partner organisations will directly aim to achieve. These are summarised as follows:

1. To halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole (2004 Government PSA target).
2. To move the balance of the national diet towards recognised dietary recommendations, including consuming five portions of fruit and vegetables a day.
3. To increase the number of adults who engage in a minimum of 30 minutes of moderate intensity level physical activity, on five or more days a week, from 32% to 70% by 2020 (Game Plan 2002)
4. To increase the number of children doing a minimum of 60 minutes of moderate intensity level physical activity each day.
5. To enhance the take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children who spend a minimum of two hours a week PE and sport within and beyond the curriculum increases from 25% in 2002 to 75% by 2006 and to 85% by 2008 (2004 Government PSA target).

4. Evidence Base

NICE (National Institute for Health and Clinical Excellence) has produced two sets of guidelines setting out guidance for work aimed at tackling obesity.

The Clinical Guideline on the Prevention, Identification, Assessment and Management of Overweight and Obesity in Adults and Children (Ref V) covers:

- How staff in GP surgeries and hospitals should assess whether people are overweight or obese and what they should do to help people lose weight
- How people can make sure they and their children stay at a healthy weight
- How health professionals, local authorities and communities, childcare providers, schools and employers should make it easier for people to improve their diet and become more active.

The Physical Activity Public Health Intervention Guidance (Ref VI) covers four common methods used to increase the population's physical activity levels:

- Brief interventions in primary care
- Exercise referral schemes
- Pedometers
- Community based walking and cycling programmes.

The National Heart Forum toolkit Lightening The Load - Tackling Overweight and Obesity 2007 (Ref II), sets out a range of recommendations for action at a national and local level. It is based on the belief that there are two complementary approaches to preventing overweight and obesity, the whole-population approach, which aims to reduce the average risk of becoming overweight or obese across the whole population and the individuals-at-risk approach, which aims to identify those at increased risk of becoming overweight or obese and offer them appropriate advice on how to reduce the risk. The toolkit incorporates all the latest guidance from NICE.

Dietary recommendations have their foundation in a series of reports by the Committee on Medical Aspects, COMA (Ref VII). This has driven dietary advice and information to focus on promoting the importance of a balanced diet, i.e. a diet that is low in fat, high in starchy foods such and high in consumption of fruit and vegetables. Inequalities in dietary uptake between those on higher and lower incomes is evident, the most striking difference being in the amounts of fruit and vegetables consumed by people in lower socio-economic groups with unskilled groups tending to eat 50% less than professional groups. This inequity has also been reported in children. Accessibility and affordability were identified by the Social Exclusion Unit (Ref VIII) as key barriers to eating a healthy diet amongst the most disadvantaged groups.

Breastfeeding is thought to reduce the risk of obesity and breastfeeding initiation rates in Hastings and Rother are lower than the national average, not surprising however when research evidence shows that the uptake of breastfeeding is associated with social class.

The recommendations from all these guidance documents have been adopted in terms of developing and implementing annual action plans.

5. Recommended Actions

Hastings and Rother Primary Care Trust recognises the need to effectively tackle the obesity problem and a newly focused and co-ordinated approach between the PCT and its partners needs to be in place to allow this to happen. Programmes aimed at improving diet and increasing physical activity already exist but further work needs to be done at a strategic level in order to agree a set of specific local targets that together will reduce obesity. Broadly speaking these targets should reflect the following areas:

- An overall measurable target designed to bring about a reduction in both childhood and adult overweight and obesity
- An increase in breastfeeding initiation rates and exclusive breastfeeding at six months
- Greater take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children who spend a minimum of two hours a week PE and sport within and beyond the curriculum increases.
- An increase in physical activity participation rates measured against the number of adults who engage in a minimum of 30 minutes of moderate intensity level physical activity, on five or more days a week.
- Measurable targets that aim to increase both access to and consumption of a healthy diet.
- Gathering of ward level information on key lifestyle variables that will enable locally targeted interventions to be planned and delivered.

Once we have agreement on these targets it is recommended that annual action plans will be developed around a set of key objectives. These objectives reflect the evidence base that exists at present. However, with the recent publication of the Foresight project, Tackling Obesities: Future Choices (Ref III) and the subsequent Government commitment to draw a up a strategy to address the issue, it is likely that this set of recommended actions will need to be reviewed in the near future. Nevertheless, the following objectives will provide a useful starting point for agreeing local action:

1. To ensure that appropriate audit systems are in place to record data about the prevalence of overweight and obesity and general lifestyle behaviour, across the whole population.
2. To make available consistent and up to date information on food, nutrition and physical activity, in order to improve public knowledge and awareness of healthy lifestyle issues.
3. To develop and support activity aimed at promoting a healthy lifestyle, provided by primary and community healthcare professionals and other health educators.
4. To target young children under 5 years of age and their parents, guardians, carers and the wider family, to enable them to make informed choices with regard to their diet and their participation in physical activity.
5. To develop and promote the adoption and provision of a healthy lifestyle supporting environment in schools and other youth settings, in order to instil behaviour patterns that might persist into adulthood.
6. To develop, provide and promote community based healthy eating and physical activity programmes as informative, accessible and affordable means of making lifestyle changes.
7. To develop, provide and promote community based healthy eating and

physical activity programmes that will specifically enable older people to make and maintain healthy lifestyle choices.

8. To fund and provide specialist obesity services.

6. Performance Management Arrangements

An annual Healthy Lifestyle Action Plan is produced by the PCT, with specific targets agreed in partnership with other agencies. The plan is monitored on a quarterly basis and reports produced for the following forums:

- Hastings and Rother PCT Board and PEC
- Healthier Hastings Partnership
- Bexhill and Rother Health Improvement Partnership
- Hastings and St Leonards Food And Physical Activity Group
- Bexhill and Rother Food and Physical Activity Group
- East Sussex Cancer Action Group

7. Strategy Timescale and Review Date

The strategy covers the period from October 2007 to March 31st 2010. A review of the strategy will take place in late 2009.

Lead Officer is Ivan Rudd, Head of Health Improvement and Partnership Working

8. References

- I. The National Audit Office report on Tackling Obesity in England.
- II. National Heart Forum. Lightening The Load - Tackling Overweight and Obesity. 2007
- III. Foresight project, Tackling Obesities: Future Choice's. Government Office For Science. October 2007.
- IV. Local Authority Health Profiles 2007. Department of Health.
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- VIII. Social Exclusion Unit (2001). A new commitment to neighbourhood renewal: national strategy action plan. London. Cabinet Office.

Choosing A Healthy Lifestyle A Strategy For The Prevention And Management Of Overweight And Obesity Across East Sussex Downs and Weald 2007 to 2010

1. Purpose

The purpose of this strategy is to set out a way forward for the prevention of and management of overweight and obesity, across the whole population of East Sussex Downs and Weald.

2. Obesity – The Impact

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- Measurable targets that aim to increase both access to and consumption of a healthy diet.
- Gathering of ward level information on key lifestyle variables that will enable locally targeted interventions to be planned and delivered.
- Explore the diet and physical activity levels of prisoners with HMP Lewes and develop interventions accordingly.

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- Healthy Eastbourne Board
- Lewes and Wealden Health Improvement Partnership
- Lewes and Wealden Food And Physical Activity Group
- Eastbourne Food and Physical Activity Group
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