



Public Health
England

Protecting and improving the nation's health

Obesity Prevention Pathway

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Obesity harms adults



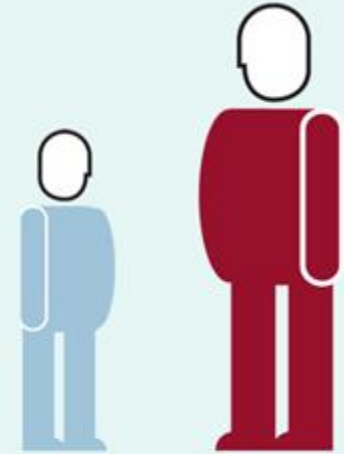
Less likely to be in
employment



Discrimination
and
stigmatisation



Increased risk of
hospitalisation

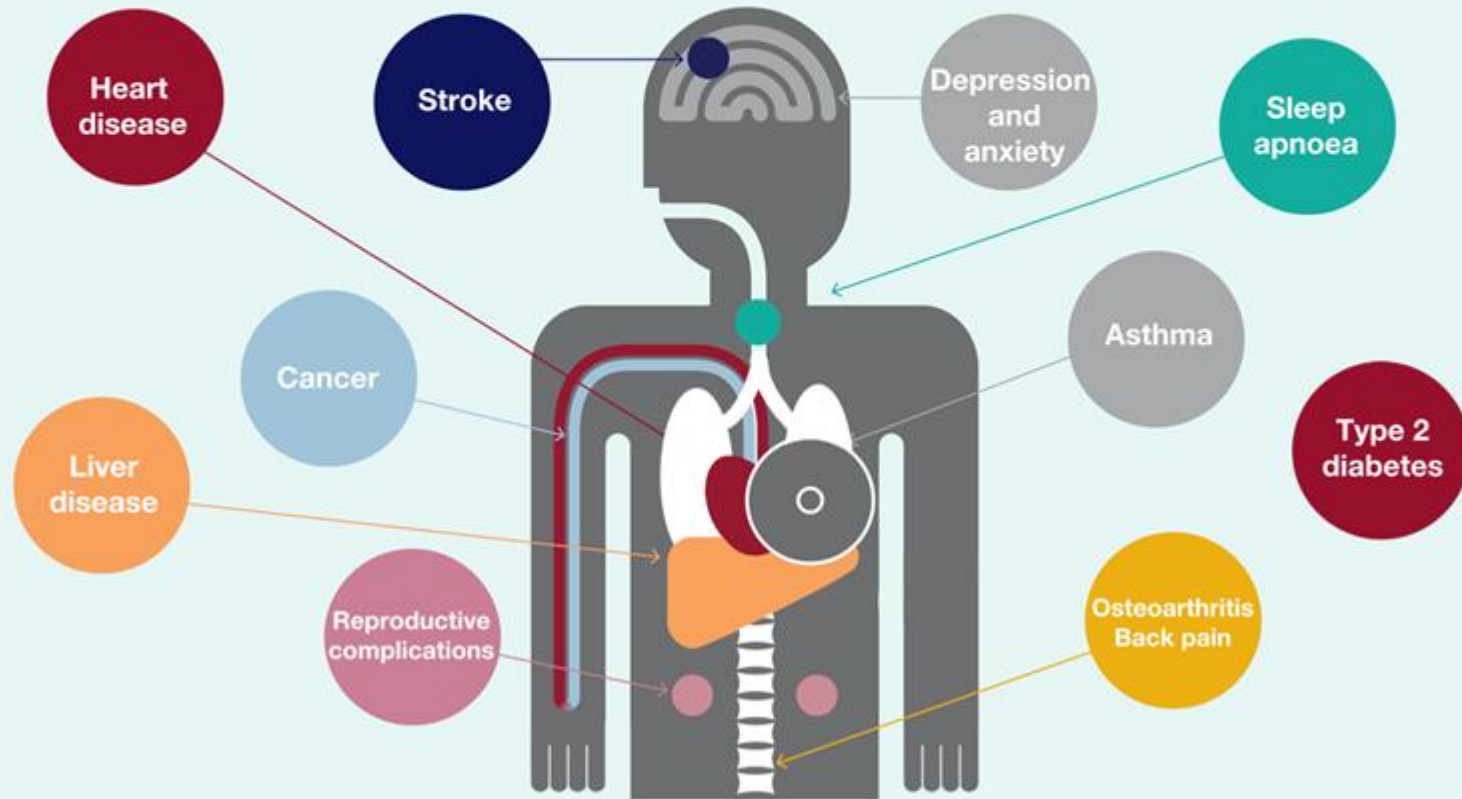


Obesity reduces life
expectancy by an
average of 3 years

Severe obesity reduces
it by 8-10 years



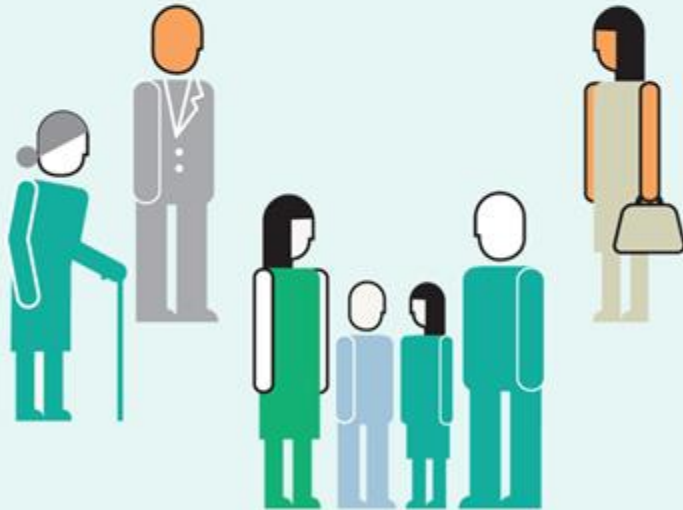
Obesity harms health





Obesity does not affect all groups equally

Obesity is more common among:



People from more deprived areas

Older age groups

Some black and minority ethnic groups

People with disabilities

Regional picture

2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method

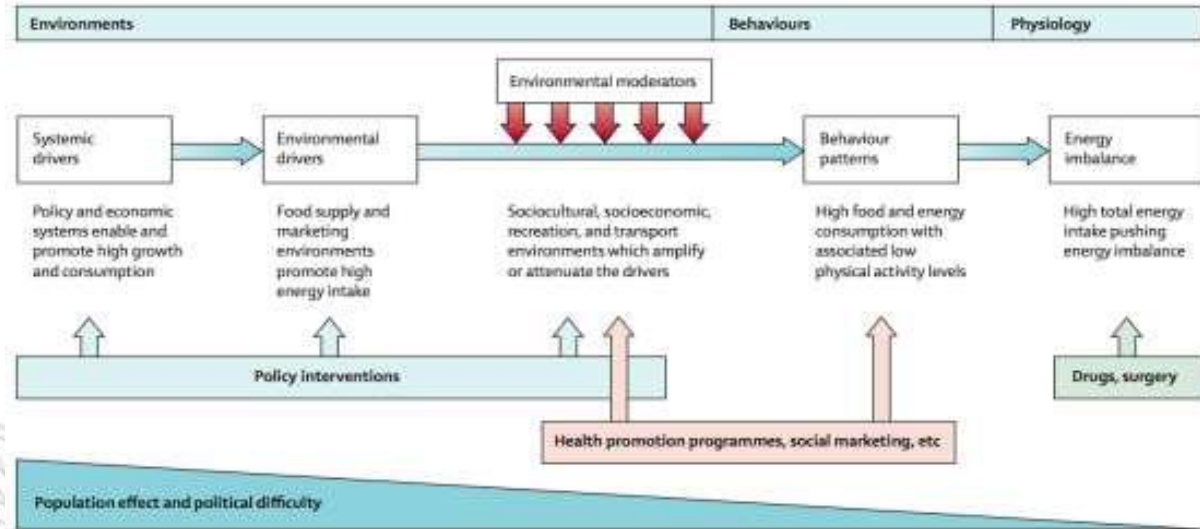
2015/16

Proportion - %

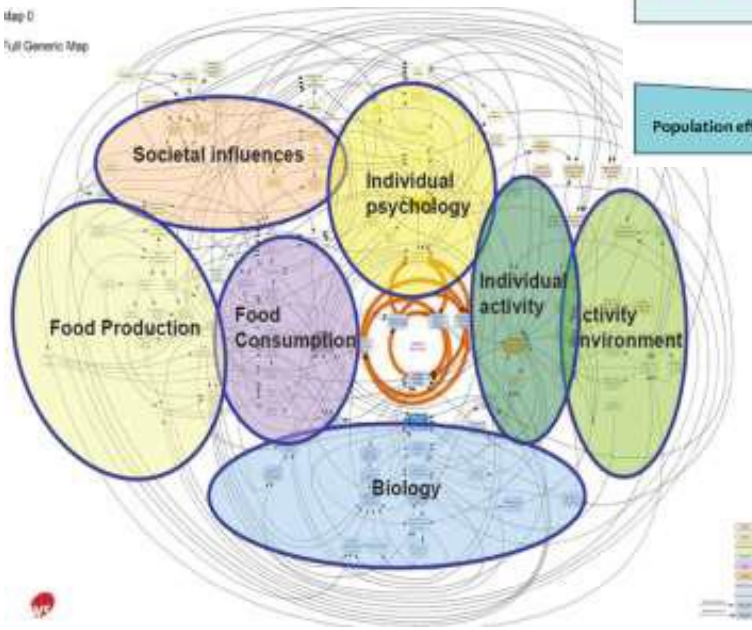
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	61.3	61.1	61.5
Yorkshire and the Humber region	-	-	64.2	63.4	65.1
Barnsley	-	-	71.0	66.8	75.2
Bradford	-	-	69.0	65.6	72.1
Calderdale	-	-	61.3	56.1	66.4
Doncaster	-	-	73.4	68.1	77.9
East Riding of Yorkshire	-	-	68.4	63.4	73.8
Kingston upon Hull	-	-	65.8	61.4	70.7
Kirklees	-	-	60.6	57.2	63.9
Leeds	-	-	60.9	58.6	63.1
North East Lincolnshire	-	-	64.7	59.3	69.7
North Lincolnshire	-	-	66.9	62.1	71.7
North Yorkshire	-	-	60.8	58.9	62.9
Rotherham	-	-	71.4	67.0	75.6
Sheffield	-	-	60.0	57.8	62.4
Wakefield	-	-	66.4	63.1	69.4
York	-	-	59.4	55.2	63.9

Source: Public Health England (based on Active Lives survey, Sport England)

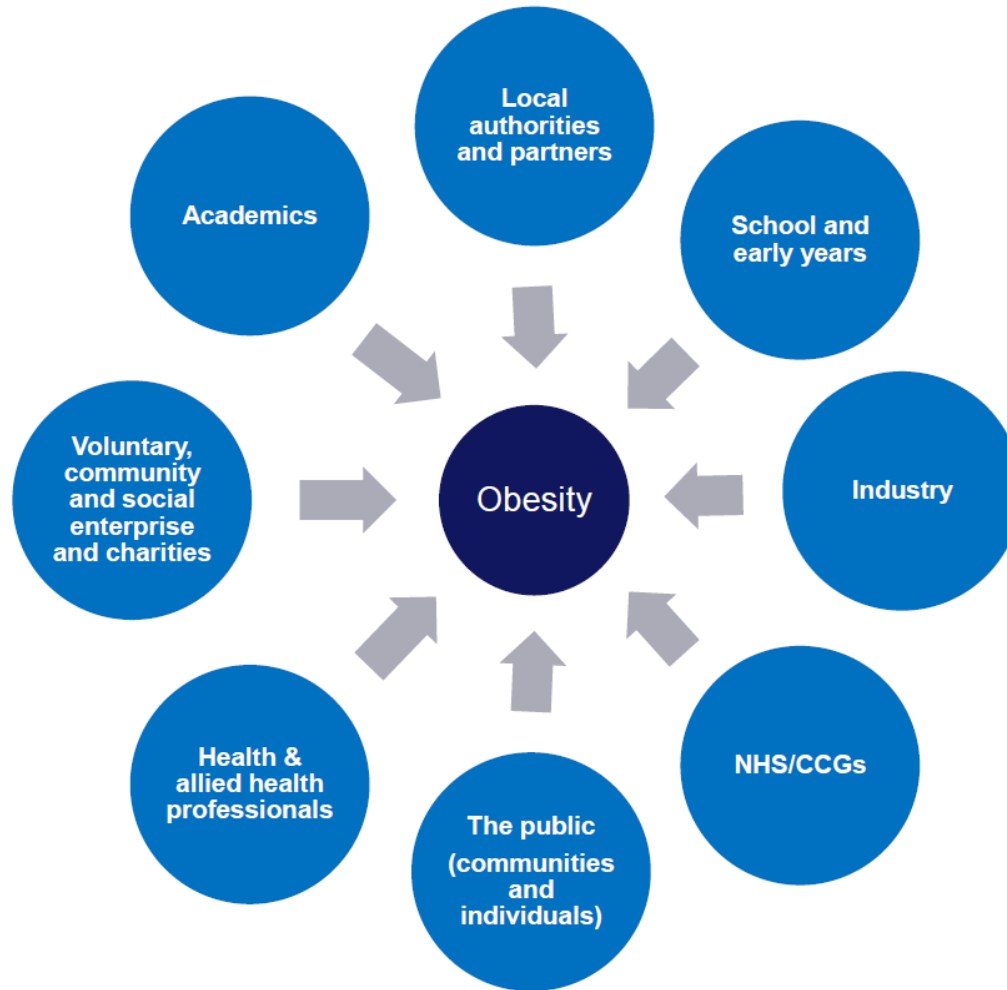
Complex issue



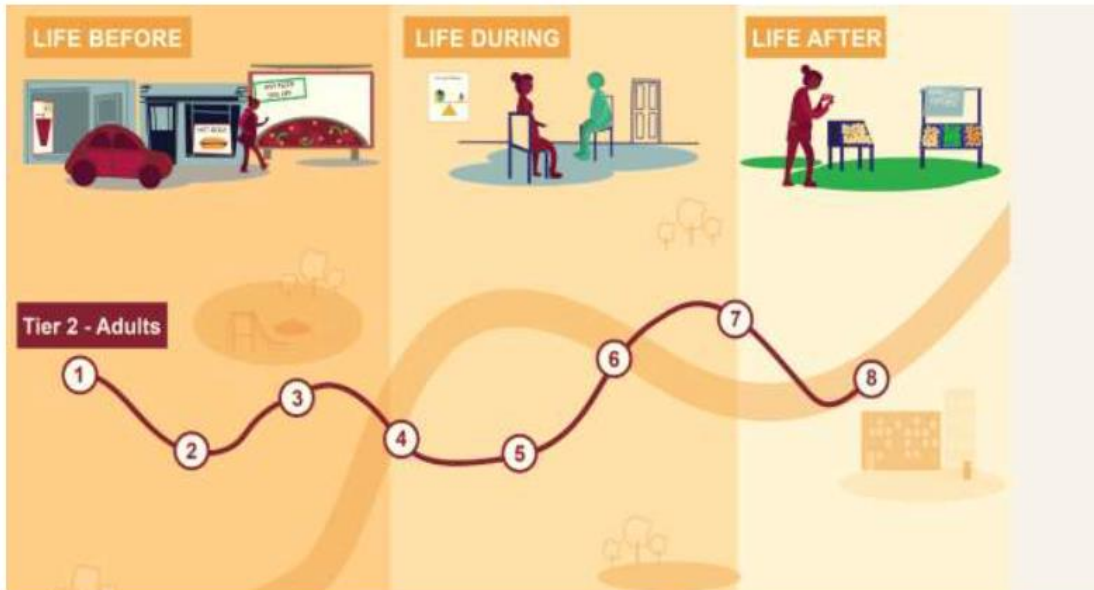
Map 0
Full Generic Map



Everybody's business



Weight management guidelines



- 1. Understanding population need
- 2. Making the case
- 3. Marketing

- 4. Recruitment
- 5. Design
- 6. Delivery
- 7. Evaluation

- 8. Maintenance

Public Health England
Identifying and measuring the weight in health

LET'S TALK ABOUT WEIGHT
 A step-by-step guide to brief interventions with adults for health and care professionals

ASK

"Before you leave, could I check your weight today?"

Weigh and measure the patient

Calculate BMI
 $BMI = \text{Weight in kg} \div \text{height in metres squared} [\text{weight (kg)} / \text{height (m)}^2]$

ADVISE

"One of the best ways to lose weight is with support and [insert name of weight management service] is available today". I can refer you now if you are willing to give it a go!"

Consider referral options:
 See supporting guidance for referral criteria.

Considerations:
 State that referral is available (and free if this applies in your area. Consider directing to commercial services if local provision is not available).
 Keep conversations brief (30 seconds).
 Confidence is key.

ASSIST

Patient receives advice positively

- Let the patient know what the next steps are
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient is receptive but non-committal about a referral e.g. wants to try to lose weight themselves

- Show acceptance of patient's wishes, acknowledge their concerns and recognise the difficulties of weight loss. Re-emphasise the importance of working to achieve a healthier weight, re-offer your support
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient does not want to engage in conversation about weight management

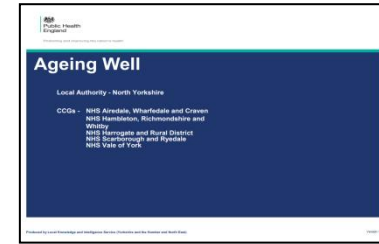
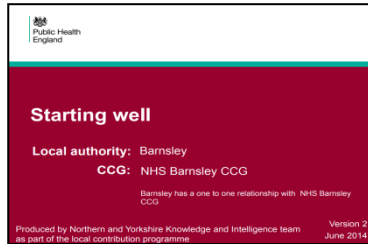
- Show acceptance of patient's wishes, re-offer your support should they change their mind.
- Don't force the issue – leave the door open

ACTIONS

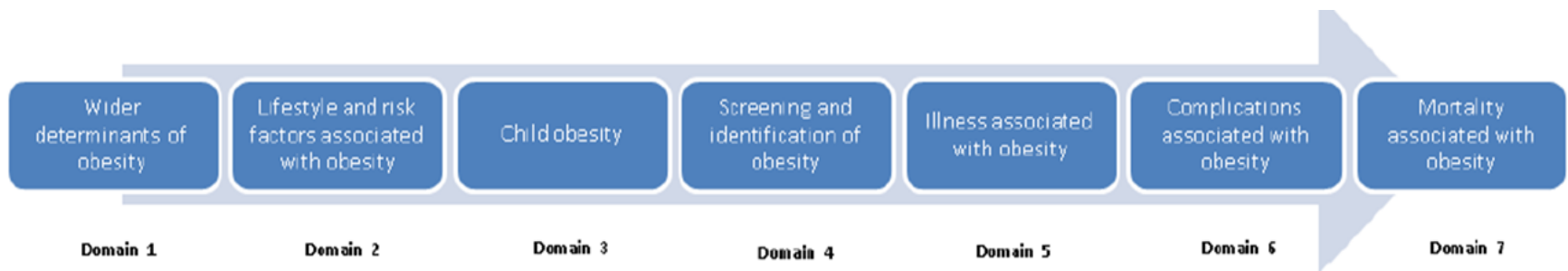
- 1** Make the referral if patient accepts offer
- 2** Note in patient's records any conversations about weight and the outcomes
- 3** Remember to follow up with your patient

Obesity pathway data pack

- Similar format to the Starting/Living/Ageing Well data packs



- PDF data pack can be generated nationally for any LA and its associated CCG/s
- Brings key obesity-related indicators together and presents these as a pathway across seven domains:



Obesity pathway data pack

- Launched at the Healthy Weight and Physical Activity Community of Improvement in July 2017
- Now refreshed with accompanying trend data tool

Trend data appendix to obesity pathway pack

Please select the Local Authority of Interest from the drop down box below

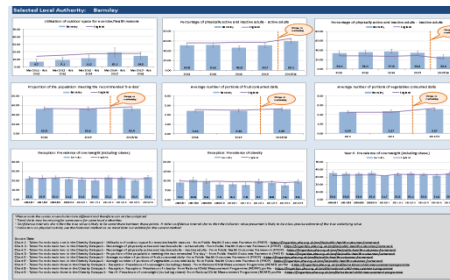
Barnsley

Please select the CCG of interest

NHS Fylde & Wyre CCG


For queries related to this tool please contact:
LKIS@yorkshireandhumber.nhs.uk

Jan 18



- Available for your LA (and associated CCG/s) via your local LKIS team. For Yorkshire and Humber the email address is:
LKISYorkshireandHumber@phe.gov.uk
- Screen shots of Blackpool to follow

Obesity pathway data pack - Blackpool

 Public Health England

Executive summary - Local authority

Local Authority: Blackpool LA

The key issues that have arisen from this analysis (indicators that are in the worst quintile)

- Average number of portions of fruit consumed daily (2015/16) is 0.25 lower than the cluster average
- Average number of portions of vegetables consumed daily (2015/16) is 0.17 lower than the cluster average
- % of 15 year-olds who eat five or more portions of fruit or veg per day (2014/15) is 3.3% lower than the cluster average
- % of 15 year-olds with a mean daily sedentary time in the last week of over 7 hours per day (2014/15) is 4.4% higher than the cluster average
- Under 75 age-standardised mortality rate from all cardiovascular diseases (2014-16) is 23.7 deaths per 100,000 higher than the cluster average
- Under 75 age-standardised mortality rate from all cancers (2014-16) is 17.4 deaths per 100,000 higher than the cluster average

Page 1

Suggests areas of the obesity pathway to focus on

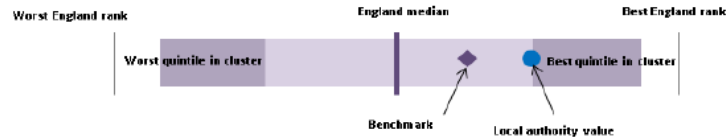
Obesity pathway data pack – Blackpool



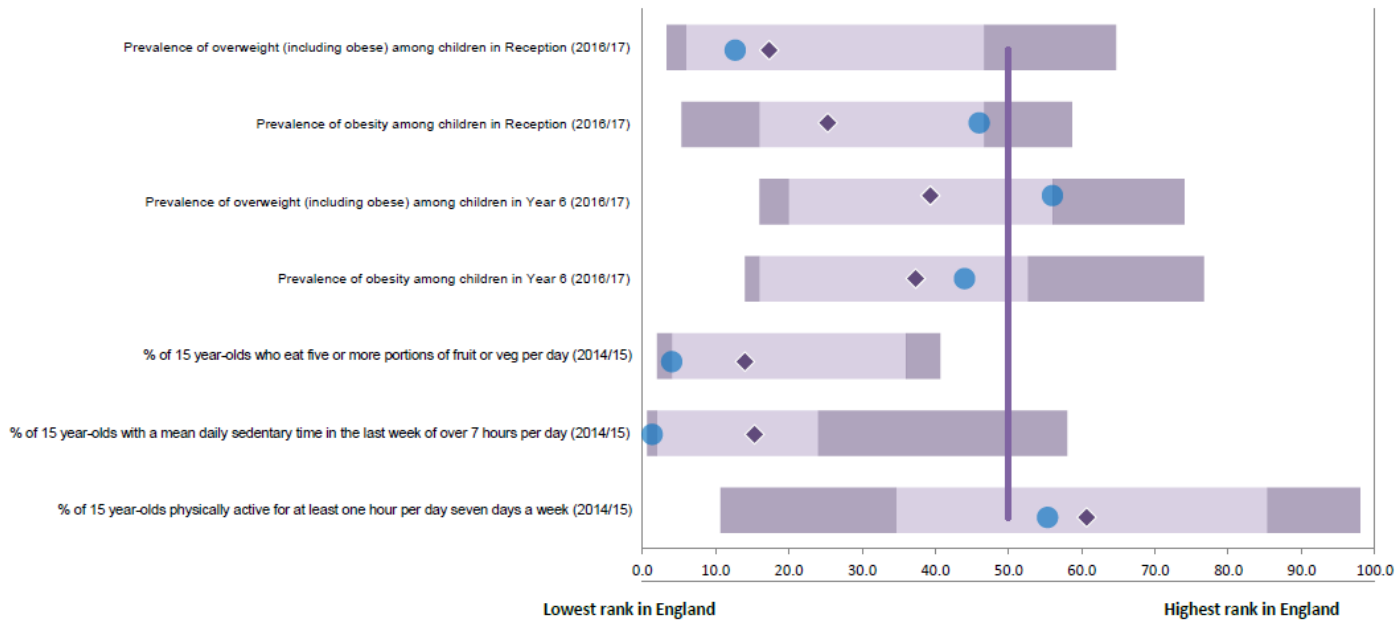
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Domain 3: Child obesity

Blackpool LA



National rank position where 0 is the worst rank nationally and 100 is the best rank nationally
 The benchmark refers to the average of the cluster made up of the selected organisation and closest peers



Enables comparison against peers

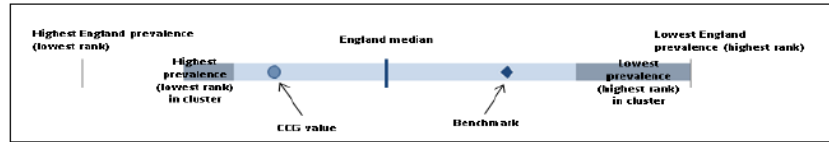
Obesity pathway data pack – Blackpool



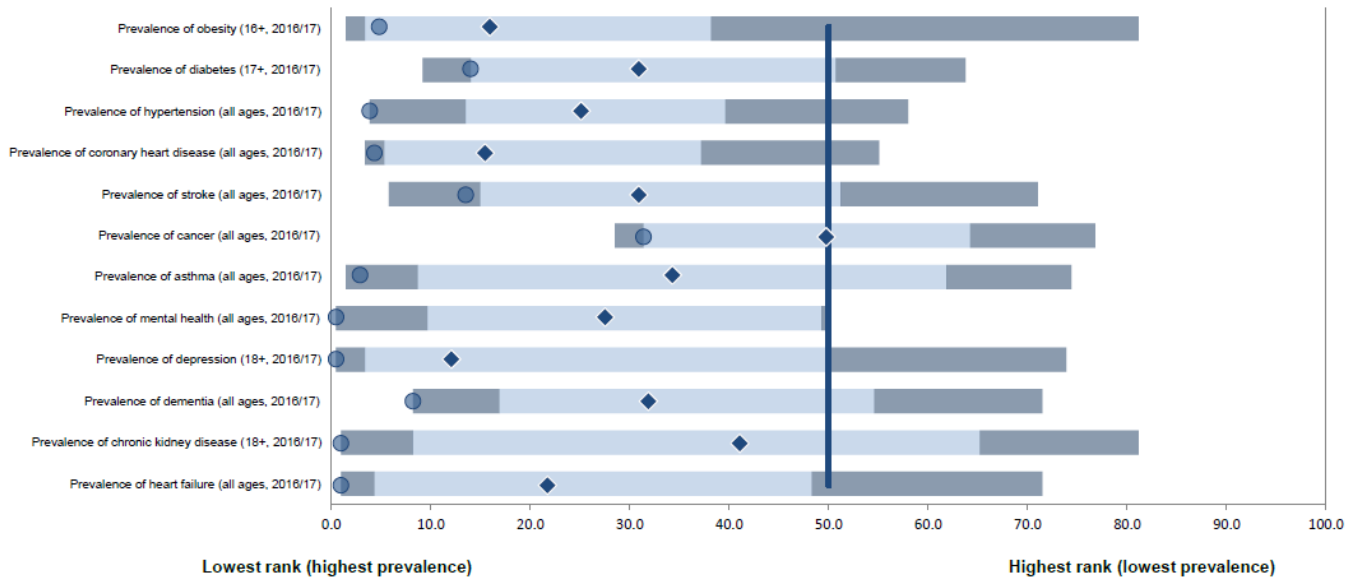
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England

Domain 5: Prevalence of obesity-related illness

NHS Blackpool CCG



National rank position where 0 is the lowest rank (highest prevalence) nationally and 100 is the highest rank (lowest prevalence) nationally
The benchmark refers to the average of the cluster made up of the selected organisation and closest peers



Obesity pathway data pack – Blackpool



Public Health
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Opportunities for improvement: domain 3 - Child obesity

Blackpool LA

The opportunity is the number needed to reach the cluster average

Indicator	Opportunity for improvement calculated as the difference from cluster average	Places to help
Prevalence of overweight (including obese) among children in Reception (2016/17)	<ul style="list-style-type: none"> the opportunity for improvement is a reduction of 12 children in Reception classed as overweight (including obese) 	<ul style="list-style-type: none"> Gateshead LA
Prevalence of obesity among children in Reception (2016/17)	n/a	n/a
Prevalence of overweight (including obese) among children in Year 6 (2016/17)	n/a	n/a
Prevalence of obesity among children in Year 6 (2016/17)	n/a	n/a
% of 15 year-olds who eat five or more portions of fruit or veg per day (2014/15)	<ul style="list-style-type: none"> the opportunity for improvement is an increase of 48 15-year olds eating the recommended 5-a-day 	<ul style="list-style-type: none"> North East Lincolnshire LA
% of 15 year-olds with a mean daily sedentary time in the last week of over 7 hours per day (2014/15)	<ul style="list-style-type: none"> the opportunity for improvement is a reduction of 64 15-year olds with a mean daily sedentary time in the last week of over 7 hours per day 	<ul style="list-style-type: none"> Wirral LA
% of 15 year-olds physically active for at least one hour per day seven days a week (2014/15)	<ul style="list-style-type: none"> the opportunity for improvement is an increase of 3 15-year olds physically active for at least one hour per day 	<ul style="list-style-type: none"> Darlington LA

* n/a where no opportunity is calculated as the LA ranks higher than the cluster average
where no data is available for this indicator

page 23

Helps identify potential opportunities and high performing peers

Next steps

- Possibility of a piece of work to develop a joint commissioning approach between LA and CCG, how to join up work on shared priorities for healthy weight in a locality.
- Deep Dive to look in more detail at locally collected data, using the tool as a starting point and develop joint working approach between LA and CCG.
- Include indicators for T4 bariatric surgery- bigger return on investment and impact on individual v. sustainability of weight loss.

Contact details

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