



Open Report on behalf of Glen Garrod, Executive Director – Adult Care and Community Wellbeing

Report to:	Adult Care and Community Wellbeing
Date:	07 September 2022
Subject:	All Ages Obesity

Summary:

This report has been prepared to inform the Committee of the issues and challenges faced in Lincolnshire arising from growing overweight and obesity rates.

Actions Required:

Adult Care and Community Wellbeing Scrutiny are asked to:

- a) Note the contents of this report
- b) Note that LCC commission a Tier 1 and Tier 2 service (see section 1.7 for description) as part of the Integrated Lifestyle Service. This contract runs until June 2024 and is currently being evaluated by the University of Lincoln.
- c) Note work will need to be undertaken through the Integrated Care System with NHS colleagues and other partners to develop a collaborative approach to obesity and weight management services for Lincolnshire that includes Tier 3 and Tier 4 support and to focus interventions on prevention.

1. Background

1.1 Overweight and obesity: Why is this important?

Tackling obesity has been described as ‘one of the greatest long-term health challenges this country faces’. Today, around two-thirds 63% of adults in England are above a healthy weight, and of these half are living with obesity ([Source: NHS Digital](#)). In Lincolnshire the proportion of people who are overweight or obese is even higher, at 68% and has been increasing ([Source: OHID Fingertips/Public health Data](#)).

Nationally, it is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing

many individuals from reaching retirement age. In March 2017 [Public Health England \(PHE\) reported](#) that 'in the future, obesity could overtake tobacco smoking as the biggest cause of preventable death'. The [report stated](#) that 'obesity increases the risk of developing a whole host of diseases and that obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes'

The cost of this disease to society is significant – In 2017, PHE estimated that the NHS spent over £6 billion on overweight and obesity-related ill-health, and that the overall cost of obesity to wider society is estimated at £27 billion. Costs to the NHS were projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

The [World Health Organisation](#) has set out that rates of diabetes have quadrupled around the world since 1980 – and diabetes can lead to complications such as blindness, limb amputation, and kidney failure

It is clear that obesity is a growing issue, in Lincolnshire, across the nation and internationally. This paper will articulate the current situation in Lincolnshire in terms of obesity amongst adults and children, outline the complex causes of increasing obesity at the population level, and describe the current service provision available to treat & prevent obesity.

1.2 Definition of Obesity

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. People are generally considered **obese** when their body mass index (BMI), a measurement obtained by dividing a person's weight by the square of the person's height, is over 30 kg/m²; the range 25–30 kg/m² is defined as **overweight**. The BMI for minority ethnic communities is set lower at 23–27.5kg/m² due to the higher risk of underlying medical conditions or co-morbidities such as Type 2 Diabetes.

In children, age also needs to be a consideration when calculating the BMI, and this is therefore adjusted using the [British 1990 growth reference curve](#). Therefore, children are only considered overweight or obese if their BMI is outside a number of standard deviations from the average BMI value.

1.3 The Lincolnshire Picture

Rates of obesity in Lincolnshire are higher than the England average amongst adults and children and there is a growing need to tackle the problems of overweight and obesity. The associated health issues have made this a major priority in Lincolnshire.

Obesity is one of seven priorities in the [Joint Health and Wellbeing Strategy \(JHWB\)](#). It is also included in the [JSNA Chapters for Healthy Weight and Physical Activity](#), with the prioritisation and engagement work highlighted as being the most important health and wellbeing issues facing the county.

In 2020/21 the percentage of adults (aged 18+) in Lincolnshire classified as overweight or obese was 67.6%. This is higher than the East Midlands rate of 66.6% and the England rate of 63.5%.

In 2019/20 the [National Child Measurement Programme \(NCMP\)](#) reported child prevalence of overweight (including obesity) in Lincolnshire to be higher than England. In reception age children in Lincolnshire prevalence was 25.6% compared to England's 23% and for children in Year 6, this was 36.4% in Lincolnshire compared to England's 35.2%, (see Appendix A) for local trends.

This means that around a quarter of children in Reception are overweight or obese, rising to over a third in Year 6.

1.4 Causes

The causes of obesity are complex with many drivers, including:

- Behaviour
- Environment
- Genetics
- Culture

This can best be seen illustrated on page 84 of the Foresight Report (2007) and at (Appendix F) The Full Generic Map showing Thematic Clusters. The report describes over 100 interconnecting factors that may contribute towards weight gain.

Food and Drink

Whilst obesity can be the result of an underlying health condition or the side effects of certain classes of drugs, for most people obesity is a result of poor diet and because energy intake (through food and drink) exceeds energy used (through metabolic processes and physical activity).

The [Eatwell Guide](#) (PHE 2016) provides a compelling evidence base for eating a healthy diet. To not follow this advice increases the chances of becoming obese; however, many people still find it difficult to eat healthily. This is primarily because we are living in an environment where less healthy choices are often the default, which encourage weight gain and obesity.

The Foresight report states that 'while achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment, and particularly the availability of calorie-rich food, now makes it much harder for individuals to maintain healthier lifestyles'. For example, in 2014 PHE estimated that there were over 50,000 fast food and takeaway outlets, fast food delivery services and fish and chips shops in England.

More than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to have higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients.

[Health Matters have developed guidance](#) which focuses specifically on what can be done to improve the food environment. This includes strategies and toolkits, developed by PHE in recent years, to encourage healthier 'out of home' food provision.

Illustration of the current Food and Drink Environment which makes it difficult to maintain a healthy diet.



Individual responsibility can only be effective where people have similar access to the healthier options and strategies for encouraging healthier "out of home" food provision' need to be implemented to encourage local intervention that will further increase the opportunities for communities to access healthier food whilst out and about in their local community.

Physical Inactivity

We are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s, and, if current trends continue, we will be 35% less active by 2030.

Working age adults today are the first to need to make a conscious decision to build physical activity into our daily lives. Fewer of us have manual jobs. Technology dominates at home and at work, the two places where we spend most of our time.

Societal changes have designed physical activity out of our lives. [The UK Chief Medical Officers' Physical Activity Guidelines](#) (2019) recommends that adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling) each week.

Figures from the Health Survey for England show that 67% of men and 55% of women aged 16 and over do at least 150 minutes of moderate physical activity per week.

The Active Lives Children and Young People Survey reported between September 19 to July 2020 that 44.9% of children aged between 5 and 16 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (47% of boys, 43% of girls).

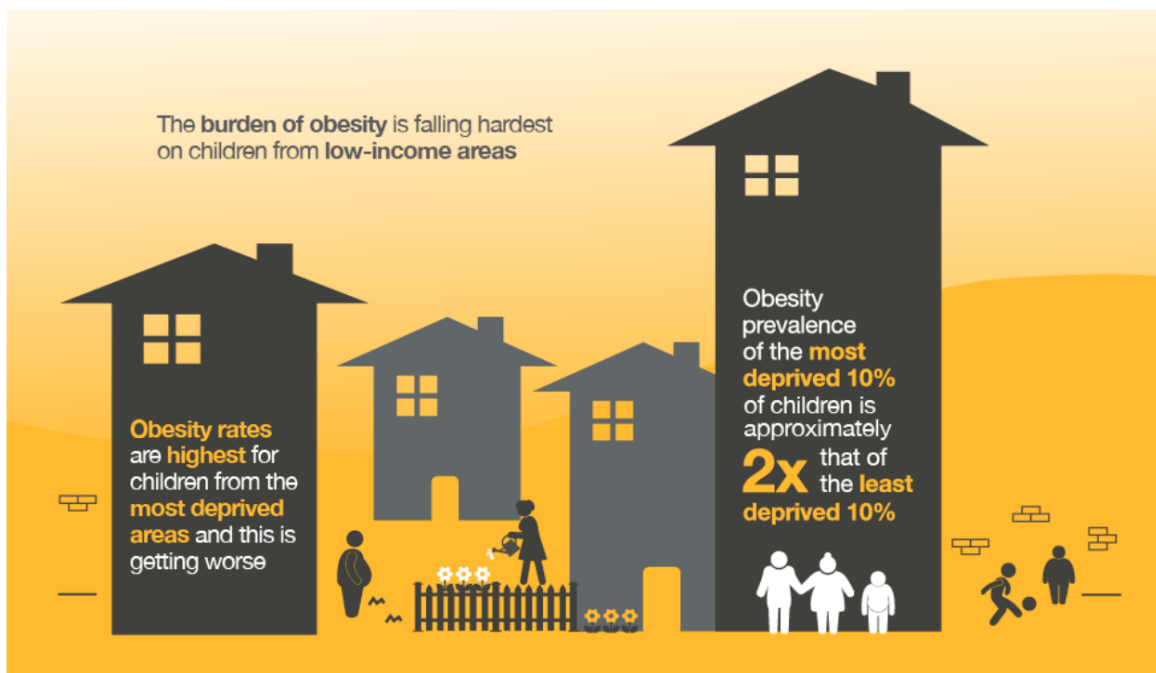
PHE (2017) developed guidance for local authorities, 'Health Matters edition on physical activity', which provides advice on embedding physical activity into everyday life.

Health Inequalities

Anyone may become overweight or obese, but some people are more likely to become overweight or obese than others. The Marmot review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese.

There is a strong relationship between deprivation and childhood obesity. Analysis of data from the [National Child Measurement Programme \(NCMP\)](#) shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured, for example, by the 2010 Index of Multiple Deprivation (IMD) score). Obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10%, (see Appendix B), 2019 Deprivation Deciles, Reception and Year 6.

Illustration of the links between deprivation and childhood obesity



Nationally, inequalities such as deprivation decile and ethnicity are intrinsically linked to the prevalence of being overweight or obese, as are age and sex (see Appendix C). Weight can start to become more of a problem as adults reach their mid to late 40's and increases as they age. Men too are more likely to be overweight or obese than females, and men are also less likely to access weight management services. Whilst local data is not yet available, there is no reason to believe that the profile of inequalities is different across Lincolnshire.

The risk of many diseases increases as BMI increases.

1.5 How to tackle obesity

Local authorities have an important role to play in preventing and reducing obesity. The various mechanisms to tackle obesity include, raising awareness of the factors that cause obesity at an individual, community and societal level, influencing policy, planning and strategy in health promoting ways, and commissioning services and other interventions designed to support behaviour change to reduce the risk of ill health and early death exacerbated or caused by physical inactivity and poor diet.

Using a collaborative approach with our partners in the NHS and district councils, local authorities develop services that support the people that are most effected by unhealthy behaviours and target effectively those living in the areas of highest deprivation and need. This can be achieved through:

- Moving prevention to the top of the list of priorities
- Pooling resources and joint commissioning of health improvement programmes and services.
- Review and comment on planning applications that may lead to a further growth in unhealthy food outlets.
- Review and comment on all licensing applications aimed to restrict the number of stores within the proximity of schools and deprived communities, able to sell alcohol; and through Trading Standards look at ways of reducing the number of tobacco vendors in these communities.
- Work with planning departments on future housing developments to ensure residents will have easy access to green spaces, cycles and footpaths in line with the [‘Green Masterplan’](#) and [‘Let’s Move Lincolnshire’](#).
- Work with planners and providers to help develop better public transport links, through [‘Active Travel’](#) for example making it easier and safe to walk and cycle to school and work.

Overweight and obesity and the associated diseases are largely preventable. Local environments and communities are fundamental to shaping people’s choices. Therefore, it is important to understand that for people to change their behaviour the healthy choices, e.g., accessible, available, and affordable fresh food and access to safe and open spaces to take exercise, are made the easiest choice.

Local authorities are ideally placed to support this challenge using planning policies and strategies such as [‘Active Lincs’](#) and to help promote healthier food and drink choices. The PHE (2017) toolkit outlines a number of suggestions for planning teams to create a healthier food environment such as:

- ensuring shops and markets that sell a diverse food offer are easy to reach by walking, cycling or public transport
- requiring leisure centres, workplaces, schools and hospitals with catering facilities and/or vending machines to have a healthier food offer for staff, students, and/or customers
- ensuring development avoids over-concentration of hot food takeaways in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families

The interrelationship between the causes of unhealthy weight make this a challenging area to address in practice, requiring a joined-up, long-term approach. This is reflected in the current emphasis by the Office for Health Improvement and Disparities (OHID) on [‘whole system’](#) ways of working that involve cross-sector collaboration and strategy, examples would be better links with: [NHS Health Checks](#), Musculoskeletal Service (MSK) pathways, Adult Care and Community Wellbeing Services and the Carers Service.

Prior to the Covid 19 pandemic Lincolnshire’s Healthy Weight Partnership used the concept of a Whole System approach. They ran a series of consultation events with

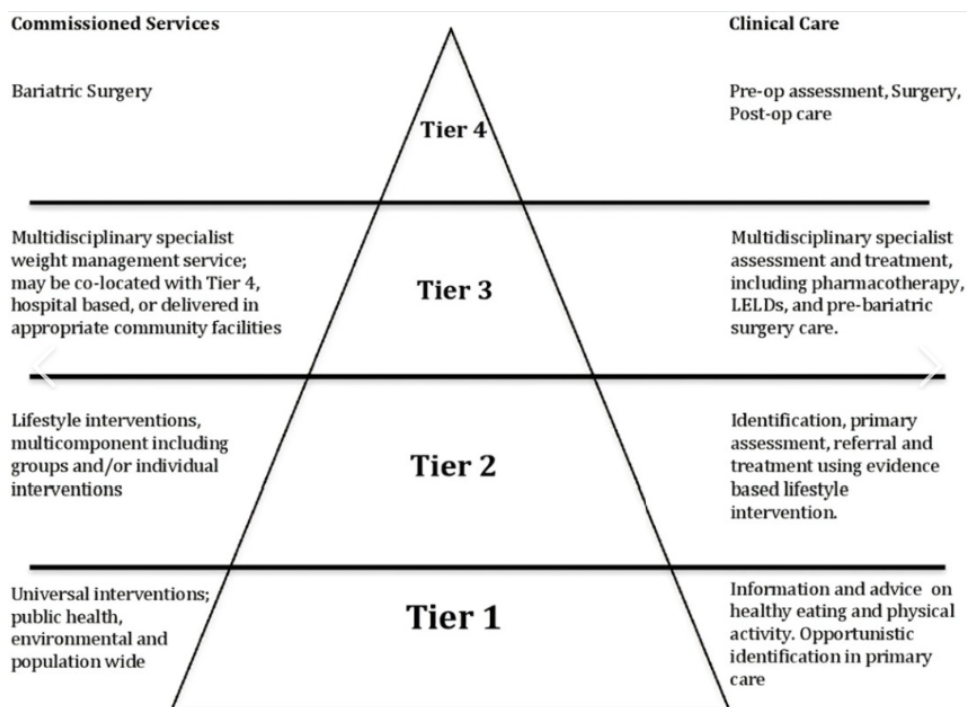
stakeholders from across the county, the resulting key objectives were shaped and included in a draft report and action plan. Unfortunately, this work was paused during 2020/21 when the team moved to Covid response duties. The Healthy Weight Group [2021 Draft Action Plan](#), includes themes on:

- Healthy Society
- Health Places
- Food Environment/Consumption
- Healthy People
- Healthy System

1.6 Obesity services

For individuals who are already overweight or obese, there are a recommended four tiers of support that should be offered for weight management. Both Tier 1 and 2 support form part of the commissioned integrated lifestyle service model, provided by Thrive Tribe ‘One You Lincolnshire’. The service supports clients with a BMI of 30+, (lower for BAME communities) that do not require any specialist intervention.

Tiers of Intervention for Weight Management



- Tier 1 is the universal prevention services, consisting of general information on how to keep yourself at a healthy weight and includes mass media campaigns.
- Tier 2 provides a more targeted approach to weight management services with one to one and group support.
- Tier 3 supports those people who are extremely obese and require a more clinical specialist weight management support from a multidisciplinary team. Clients may have co-morbidities that require monitoring and/or medications, some clients will be referred onto
- Tier 4 for Bariatric Surgery.

At present, there are no Tier 3 or 4 services commissioned specifically for Lincolnshire. Patients are referred to Derby to access this specialist support.

1.7 Current Service Provision

Lincolnshire County Council jointly commission (with the NHS) an **Adult Healthy Weight Service** provided as part of an Integrated Lifestyle Service (ILS). The ILS also includes interventions to support behaviour change for physical inactivity, smoking and risky alcohol use, all of which contribute to Lincolnshire's obesity burden. The Programme aims to achieve over 11,500 outcomes annually, targeting groups that are historically more difficult to engage in health programmes, an example would be men 45+. Programmes of support are offered for up to 12 weeks, by which time the changes are becoming embedded, and individuals are more likely to maintain this positive behaviour without the need for support. As part of the exit strategy, people are supported to get into local groups and activities that will help keep them motivated and on track with their behaviour change.

Since the start of the contract in September 2019, to March 2022 the service achieved over 16,900 outcomes across the four service areas with over 9,100 of these aligned to losing weight and physical activity. This includes individuals:

- achieving a 5% or more weight loss, measured at 12 weeks;
- achieving over 150 minutes of moderate physical activity per week;
- reduced alcohol consumption to less than 14 units of alcohol per week; and/or,
- stopping smoking, measured at 4 weeks

Like many programmes Covid 19 impacted significantly on the development and roll out of the new services; their planned delivery model and ultimately on the outcomes achieved. However, the programme is now well embedded, partner involvement continues to grow and more referrals are being generated.

At the outset, we planned an evaluation of the Integrated Lifestyle Service which the University of Lincoln has been commissioned to deliver. Divided into two parts, Phase One was to focus on a 'Process' (predominantly qualitative) evaluation in Year 1 and Phase Two was to focus on an 'Outcomes' (predominantly quantitative) evaluation in

Year 2. The Phase One evaluation was completed in 2021 and took account the impact of the Covid 19 pandemic.

The evaluation found that despite major changes to service delivery implementation due to COVID-19, the service had high referral rates and success stories of sustained lifestyle changes for many clients. The service's strength lay in the rapport between clients and staff, effective and consistent delivery of behaviour change models and close intra-organisational working relationships. Nevertheless, a key challenge the service faced was establishing inter-organisational partnerships, ensuring consistent buy-in and sound conceptual underpinning of the nature of the service, relative to and as understood by wider community services. Overall, this evaluation found that One You Lincolnshire to be a very successful service in supporting behaviour change and preventing unhealthy risk factors across the county. An integrated wellness service that offers a holistic approach was valued by service users and allowed them to address complex issues.

Phase Two of the evaluation is underway and results will be published prior to service recommissioning.

Like many other local authorities, the impact of Covid meant that Lincolnshire did not deliver the National Child Measurement Programme (NCMP) in 2020/21, however given the increase in childhood obesity and severe obesity nationally during that period, it is reasonable to assume that increases in obesity and severe obesity would follow a similar pattern in Lincolnshire. A new **Child and Family Weight Management Service (CFWM)** is to be piloted via our Integrated Lifestyle Service and is to be launched in September 2022. This will supplement the support provided by schools and via the 0-19 Children's Health Service and provide a referral route for children identified as overweight from the NCMP.

NICE guidance states that 'Tier 2, multi-component, family-based weight management services should be an integral part of an area's overall children's healthy weight strategy'. The content of the service will be broadly in line with NICE guidance however, it will also test out a number of innovative methods, where these have the potential to bring better outcomes for children and families in Lincolnshire.

The CFWM will take a holistic approach, supporting children's overall wellbeing and families' lifestyles rather than focusing solely on weight. This will support that the service is non-stigmatising and is attractive to parents who do not recognise their child as overweight, both of which have traditionally been significant barriers against participation. To address growing inequalities, the service will be countywide, but activities will be concentrated in areas with the highest levels of need, in terms of both excess weight and deprivation; and outcomes for different population groups will be closely monitored.

In addition to those commissioned through LCC there has been a range of activities introduced over many years by external partners such as the NHS and within children's

services. Attached (Appendix D), provides, a precis of the gaps, current and at-risk activity in Lincolnshire.

1.8 Possible gaps in provision

- The Antenatal Weight Management Service no longer forms part of the 0–19 service delivery plan and is at risk.

Whilst Lincolnshire currently has an antenatal weight management service there has been no analysis on how successful that service has been, therefore whilst it may be at risk further investigation is warranted to check its efficacy before deciding whether this would truly be a gap in provision or whether there is something that could be developed that would have better outcomes.

- There are no Tier 3 or Tier 4 services provided in Lincolnshire.

Although offered locally in the part, there are currently no Tier 3 or Tier 4 services in Lincolnshire. Discussion would need to take place with NHS colleagues to determine what, if any, impact developing these services in the future might have for Lincolnshire against the benefits or disbenefits of continuing to access these services out of county in Derby. It is apparent that there is an inequity for the people of Lincolnshire having to travel out of county for these services; however, more investment in prevention may help stop people needing these services at all and be more cost effective over time.

1.9 National Guidance

Attached (Appendix E), lists the national guidance documents that need to be considered when developing and delivering weight management services.

2. Conclusion

Lincolnshire has an obesity problem that alone, local authorities will be unable to change. It will require a joined up or 'whole system' approach, bringing together partners from across the NHS, private and voluntary sectors. By working together across the Health and Wellbeing Board and Integrated Care Board we have a great opportunity to ensure that plans are developed collaboratively, and initiatives put in place that will help shape services to create an environment that supports people to have a healthier lifestyle, no matter where you live or how much money you earn.

3. Consultation

a) Risks and Impact Analysis

Risk and impact analysis will be completed as part of commissioning any relevant services.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Local Trends
Appendix B	Deprivation Deciles for Reception and Year 6
Appendix C	Adults (18+) Inequality Data
Appendix D	Lincolnshire Activity
Appendix E	Guidance Documents
Appendix F	Foresight Report, Fig 5.2 - Full Generic Map, Thematic Clusters

5. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Foresight - Tackling Obesities: Future Choices - Project Report	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
PHE - Whole System approach to obesity: a guide to support local approaches to promoting a healthy weight.	https://www.gov.uk/government/publications/whole-systems-approach-to-obesity
Health Matters: getting every adult active every day	https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day
The Marmot review	https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
PHE's Strategies for	https://assets.publishing.service.gov.uk/government/uploa

encouraging healthier 'out of home' food provision toolkit.	ds/system/upload/attachment_data/file/832910/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf
Active Lives Children and Young People Survey, Academic year 2019/20	Public Health (X:)\Public Health\Health Improvement Programme\Obesity\Active Lives Children and Young People 19-20

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