Tackling Obesity – A Health Needs Assessment for Norfolk

This Health Needs Assessment has been developed to identify the Need, Demand and Supply of interventions to tackle overweight and obesity in Norfolk's population. It combines both epidemiological and corporate approaches to the assessment of local health need.

Norfolk Public Health

Improving health and wellbeing
Protecting the population
Preventing ill health

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EXECTUTIVE SUMMARY

Why is overweight and obesity a problem?

Obesity is a **common risk factor** for diabetes, other metabolic diseases, heart disease, stroke, liver disease, many cancers, injuries, arthritis, and depression, **causing death and disability**, and **posing a huge burden to health and social care**.

The **rising trend of overweight and obesity** has been acknowledged as one of the most serious public health problems in the UK and by **2050 obesity** is predicted to **affect 50% of adult women**, **60% of adult men and 25% of children**.

Why is overweight and obesity a problem in Norfolk?

Almost **two thirds** (65.7%) of the adult Norfolk population are **overweight or obese**, **slightly higher** than the rest of England (62.2%).**One in four** (23.8%) of the Norfolk population are **obese** which is **slightly lower** than the England average (25.2%), and **one in fifty** (2.4%) are **morbidly obese, similar** to the England average (2.5%).

If no action is taken, **by 2020 adult obesity** in Norfolk could see an increase from 174,629 to 253,762, **a rise of 31%** for which Norfolk will subsequently be spending more than **£26m** on treating weight related diabetes alone.

For children in Norfolk those aged **4-5 years, one in five** (22.3%) are **overweight or obese**, in line with the national average (22.5 %) and **one in ten** (8.6%) are **obese,** slightly lower than the national average (9.4%). For children aged **10-11 years, one in three** (32.2 %) are **overweight or obese**. which is slightly lower than the national average (33.5 %) and **one in five** (18%) are **obese,** below the national average (19.1%).

Over the last eight years **childhood overweight and obesity** prevalence in Norfolk has **increased**, however, the **most recent year** of data (2013/14) saw a **decrease** in the prevalence of **overweight** children aged 4-5 (and no change for 10-11 year olds).

Where is the overweight and obesity a problem in Norfolk?

The areas of Norfolk that have the highest levels of **adult obesity** (between 27.6% - 30.5% of the population are obese) are mostly centred around the urban areas of **Great Yarmouth** and **King's Lynn**, with the most deprived areas of **Norwich** and **Greater Norwich areas of Broadland**, with **Dereham & Wayland** in Breckland, **Emneth with Outwell** in West Norfolk and **Diss** in South Norfolk also showing high obesity levels.

Childhood overweight and obesity, similar to adult obesity, is centred around the urban areas of the most deprived areas **Norwich**, **Kings Lynn** and **Great Yarmouth**.The **Greater Norwich areas of Broadland**, also have significantly higher rates of overweight Reception age children than the England average, however obese children in the West of Norfolk are in the rural communities and market towns of **Brancaster, St Margaret's & St Nicholas**, **Emneth with Outwell**, **Walpole and Downham Market** and in the North of Norfolk **Stalham & Sutton**.

Who are the overweight and Obese Adults in Norfolk?

We also continue to see clear **health inequalities** with regard to obesity (DoH, 2011). Some groups such as young parents, single parents, adults who are unemployed or in semi-routine and routine occupations, low-income families, certain ethnic groups, and people who live in the most deprived areas are often more at risk of overweight and obesity.

Mosaic Profiles[1] of the population have been developed for the MSOA's[2] with the **highest proportion of overweight and obese adults**[3] in Norfolk. The **predominant** mosaic **profile types** are;

Bungalow Haven	Try to lead healthy lifestyles, but may have high cholesterol.
Outlying Seniors	Have health problems or disabilities that limit activities and work.
Renting a Room	Have above average levels of poor health.
Local Focus	Feel they should do more about their own health and wellbeing.

'Bungalow Haven' try to lead **healthy lifestyles**. While **few participate in physical activity** or actively keep in shape these days, they do not smoke and drink only very moderately. **Over half** make the effort to **eat five portions of fruit or vegetables a day,** which is considerably more than the average.

Poor health is common for **'Outlying Seniors'** particularly in those **living in rural areas**, however 3 in 4 'consider themselves in very good or good health. In general they smoke and drink less than average and are **better than average** for eating their **'Five a day'**, however proactively keeping in shape and **exercising is less common**.

'Renting a Room', despite being largely under 35 years, **poor health** is above average levels. Although they are fairly moderate when it comes to drinking, they smoke far more than people in general – and are almost three times as likely to be heavy smokers. They are **unlikely to participate in sport and exercise** and **do not have a healthy diet**.

'Local Focus' are not particularly health conscious. 1 in 4 have smoked in the past year, and a small but significant minority are heavy smokers. They are less likely than average to drink alcohol once a day, but more likely to drink alcohol once a month. They are **below average** in **efforts to eat a healthy diet and do something proactive to stay in shape** and over half feel they **should do more about their own health**.

[1] Mosaic geodemagraphic segmentation, using consumer household and individual data classifies the UK population into 15 main socio-economic groups, within this there are 66 different profile types.
[2] Super output areas (SOAs) were designed to improve the reporting of small area statistics and are built up from groups of output areas (OAs). Further information can be found at http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html
[3] Predominant Mosaic profile types for MSOA's where there are the highest proportion of obese populations, may not necessarily be representative of the profile types of the overweight and obese populations within these MSOA's.

Who are the overweight and obese children and their families in Norfolk?

It is known that childhood obesity could translate in a later life as adult obesity, and young people's physical activity patterns reflect that of their parents. At risk children and families include, children of parents in at risk groups identified above and Looked-After Children (LAC).

The Change4Life family clusters were developed from market research into **families' attitudes and behaviours relating to diet and physical activity. Clusters 5 and 2** are the **predominant** clusters in the MSOA's with the highest proportions of overweight and obese children in Norfolk.

Cluster 2 parents are **younger** on **low income**, **lacking knowledge and skills** of parenting to implement a healthy lifestyle. The children in this cluster are said to be **fussy eaters** who rely on **convenience foods**. It is further said that they have **no interest in increasing physical activity** levels because they perceive their children to be active. Families are either obese or overweight **and fail to recognise the weight status of their children.** Cluster 2 parents want to be 'good' parents, but this does not currently translate into concern about family activities and diet. The focus of interventions should be on increasing understanding of risks of current lifestyle and developing parenting skills.

Cluster 5 parents are great believers in **traditional family values** and think children should eat what they're given. While this has some benefits – children are not 'allowed' to become fussy eaters – these families are also traditional in their eating habits. They **reject the idea of dieting or detoxing**, and associate 'health foods' with fanaticism about diet. While Cluster 5 may have **strong parenting skills**, it appears that they are not necessarily using them to ensure their children have healthy diets. The focus of interventions should be on increasing physical activity levels and educating on portion sizes.

What are we already doing to address the overweight and obesity problem Norfolk?

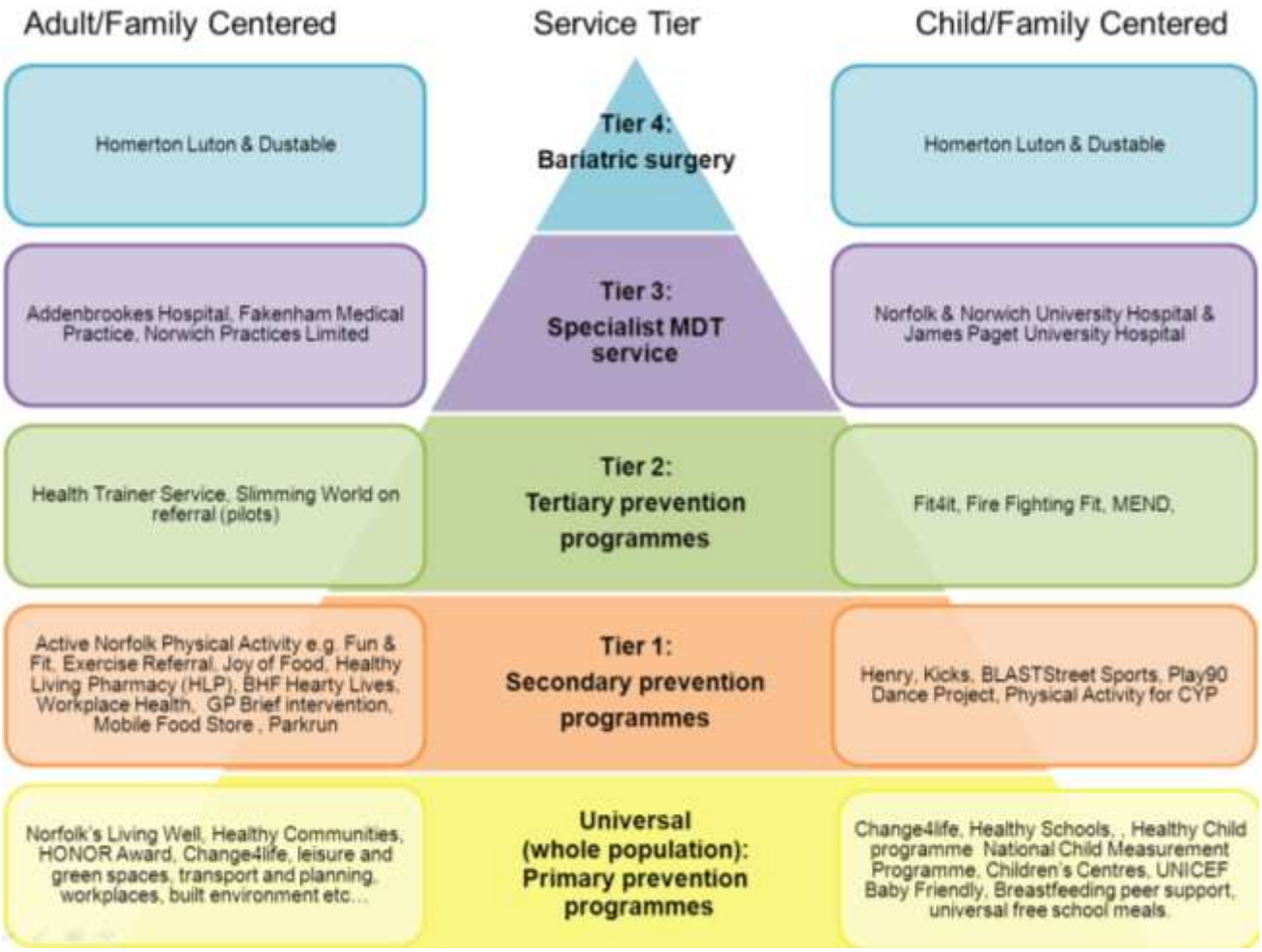
The **obesogenic environment** is the role environmental factors can play in determining population and individual nutrition and physical activity which are not conducive to healthy weight.

Source: Dahlgren and Whitehead, 1991

Schemes such as the **HONOR award** are partnership projects designed to create communities and environments that consider the impact on overweight and obesity.

To support the obesity agenda Public Health commission services such as Health Trainers, Tier 1 & 2 weight management, and physical activity. In addition Public Health commission

the NHS Health Check programme which works in synergy to reduce obesity by promoting healthy lifestyle and early intervention of obesity. Our services aim to be integrated with services commissioned by other teams (Children and Young People for weight management of families) and other commissioners (CCGs for weight management) to improve patient journey.



Universal prevention is the gateway to health information and the promotion of health and wellbeing interventions in communities.
Adult or family services such as **Norfolk's Living Well** (including the Health Information Leaflet service) and **Healthy Communities**; and for children and families, primary intervention within the **Healthy Child Programme** offers communities a foundation from which to tackle overweight and obesity.
These services are offered to the Norfolk population.

Tier 1 interventions are services that engage individuals, advocating improvement of their health and wellbeing. Adult or family services such as the **Mobile Food Store** and the **Workplace Health improvement** programmes; and for children and families, Health, Exercise, Nutrition for the Really Young (**HENRY**) and **Physical Activity Programmes** offer communities, groups or individuals the opportunity to take control of managing their weight.
Variations of services are offered to the Norfolk population, however the majority of provision is in the east of the county.

Tier 2 interventions are services that empower, enable and support individuals to take action to improve their health and wellbeing.
Adult Services such as the **Health Trainer Service** (one to ones) and **Slimming World** (groups); and for children and families, **Fit4It** and **MEND** offers individuals or groups comprehensive and evidence based activities to enable individuals to lose excess weight.
These services are currently limited, group interventions are not consistently provided (particularly for adults) for the population of Norfolk and the majority of the provision (particularly for children) is in the east of the county. The relationship between Tier 1 and Tier 2 services is not integrated, particularly for adults.

Tier 3 interventions are specialist multi-disciplinary led services that counsel support and individuals to improve their health and wellbeing.
These services are the commissioning responsibility of CCG's. They offer **specialist one to one weight loss** programmes for individuals. All CCG's are in the process of procuring Tier 3 Weight management services.
These services are currently limited and are not consistently provided for the population of Norfolk. The relationship between Tier 2 and Tier 3 services is not integrated.

Tier 4 intervention is complex and specialised obesity surgery, inclusive of multi-disciplinary led services that counsel support and individuals.
These services are the commissioning responsibility of NHS England. They offer **specialist surgical and non-surgical bariatric services**, including medical, dietetic and psychological support.
These services are offered to Norfolk's eligible population.

Key findings

Almost two thirds of the adult Norfolk population are overweight or obese, which is slightly higher of than the rest of England. One in four of the Norfolk population are obese which is slightly lower than the England average, and one in fifty adults are morbidly obese in Norfolk, similar to the England average.

Obesity in adults is mostly centred around the urban areas of Great Yarmouth and King's Lynn, the Greater Norwich areas in Broadland, Dereham & Wayland in Breckland, Emneth with Outwell in West Norfolk and Diss in South Norfolk

There is a lack of robust adult overweight and obesity prevalence data for Norfolk.

One in five children aged 4-5 years are overweight or obese, in line with the national average and one in ten are obese, slightly lower than the national average. For children aged 10-11 years, one in three are overweight or obese - slightly lower than the national average and one in five are obese similar to the national average.

Obesity in children, is mostly centred around the urban areas of Norwich, Kings Lynn and Great Yarmouth, however there are also significant numbers of overweight and obese children in the rural communities and market towns of Brancaster, St Margaret's & St Nicholas, Emneth with Outwell, Walpole and Downham Market in West Norfolk and Stalham & Sutton in North of Norfolk.

The population profile of Norfolk is changing; with areas of Breckland, South Norfolk and Norwich set to see rapid expansion; Norwich having an increasing Black and Minority Ethnic (BME) population; and Norfolk wide an aging population. All of these factors will impact on obesity prevalence, meaning that the obesity profile for Norfolk is likely to see rapid change.

The changing population profile will impact on obesity related conditions, the demand for health and social care services and their associated costs.

Obesity is linked to deprivation. For Norfolk this means significant levels in Great Yarmouth, Norwich and Kings Lynn, although Norfolk also has a number of rural areas with deprivation related obesity.

Obesity is known to affect educational attainment and vice versa. In Norfolk GCSE attainment (5 GCSE's Grade C or above) is lower than the England average, with attainment in Breckland decreasing.

Certain population groups are known to be at risk of excess weight gain. Norfolk estimates for these populations are;

Post-menopausal women – more than 112,200 people,

BME men and women – more than 8,400 people,
Pregnant women – more than 9,000 people each year,
Smoking quitters – more than 4200 people each year,
Mental Health – more than 14,800 people each year.

People with long term illnesses and/or disabilities are also identified as being at risk of excess weight gain and there are currently more than 461,000 diagnoses of long term conditions in Norfolk.

The population in Norfolk with the highest prevalence of overweight is post-menopausal women. This will increase in the coming years due to Norfolk's aging population.

There are many obesity related health conditions that are preventable, which without intervention, Norfolk will see significant increase. Estimates suggest that there are currently more than 2,000 people with Coronary Heart Disease, more than 800 that have had a stroke/mini stroke, nearly 28,000 with Hypertension and more than 22,000 with Diabetes, all related to obesity. In addition, nearly 150 new cancer cases are diagnosed in Norfolk each year.

The annual costs related to treating (prescriptions and admissions) the obesity related conditions above in Norfolk is estimated at £25 million. This figure is predicted to increase by a further £13 million by 2025.

Norfolk has a good variety and spread of obesity prevention (Tier 1) services for children and adults.

Norfolk has poor provision of Tier 2 and Tier 3 overweight and obesity services, especially for adults.

Norfolk is lacking a cohesive approach to tackling obesity and encouraging healthy weight.

Recommendations

In the planning of new services, information should be sought from primary care practitioners, existing weight management providers and the community to fully understand local perceptions of overweight and obesity, and barriers and motivators to access services.

Services should consider provision of a whole family approach wherever possible, in line with NICE guidance.

A commissioning framework should be developed to ensure that activity from different commissioning bodies is co-ordinated and the client pathway is as clear, practical and seamless as possible.

All agencies which are able to influence should ensure that environments (of all scales, such as schools, workplaces, towns etc) are conducive to and supportive of healthy eating, considering regulation, availability of and exposure to obesogenic foods and drinks.

All agencies which are able to influence should ensure that environments (of all scales, such as schools, workplaces, towns etc) are conducive to and supportive of physical activity (such as play and active travel).

Treatment for overweight and obesity needs to be appropriate, multi-dimensional (considering clinical and lifestyle factors) and in line with NICE guidance).

All health and social care commissioners and providers should ensure that obesity is considered in forward service planning and that providers have the appropriate knowledge and skills among their resources to embed the healthy weight strategy into front line services.

All agencies and employers across the sectors should work together to take responsibility to tackle overweight and obesity in Norfolk. This work should be guided by a county-wide healthy weight strategy.

Further detailed assessment should be conducted to establish the true picture and impact of the obesogenic environment across Norfolk. The findings of this can then inform the strategy and forward environmental planning.

Increasing the prevalence of healthy weight within Norfolk should be a secondary outcome for the commissioning of associated services (e.g. workplace health, NHS Health Checks). This must be supported by appropriate training such as MECC, for providers.

Training needs of all staff engaged in primary treatment of weight management should be monitored by each provider organisation and training needs addressed. Those working in frontline non-weight related services should be trained with Making Every Contact Count (MECC) to help support the healthy weight agenda.

Data collection relating to BMI should be recorded robustly by all services in which it is appropriate (e.g. Social Care, NHS Health Checks, Health Trainer Assessments, Weight management interventions) which can assist with better patient care and more accurate assessments of prevalence and need in Norfolk.

Weight management services should be accessible to all eligible Norfolk population. They should, however, be targeted to areas of greatest need (to address inequalities and obesity prevalence) via promotional activity and venue siting.

Primary prevention work should be promoted. Locally targeted health promotion campaigns and communications should support the prevention agenda.

Tier 1 services - Continued monitoring of effectiveness and appropriateness should be in place to ensure resources are placed where most needed. These services should support the prevention agenda, especially in at-risk groups.

Tier 2 and 3 provision should include addressing the needs of specific groups, and should include weight maintenance as a specific support service.