



Dudley Public Health

Tackling Obesity – A Health Needs Assessment for Dudley

EXECUTIVE SUMMARY

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Purpose

This **health needs assessment** has been conducted to support the refresh of Dudley's 2005-2010 Tackling Obesity Strategy (Dudley Community Partnership 2005). The recommendations from this review will be used to update the strategy and develop an action plan for 2012-2016.

It includes a review of the vision and framework, the policy context, the national and local data on obesity, stakeholder views, the services and interventions currently in place and evidence on emerging interventions. It makes a number of recommendations, proposes strategic objectives and monitoring and outcomes measures.

Chapter 1: The Policy Context:

Obesity reduction is a long-standing priority for Dudley. The first borough wide strategy (2005-2010) introduced an evidence based tiered framework for action across the prevention and treatment continuum, which was integrated into key local plans and strategies and has resulted in the implementation of a number of new interventions and services.

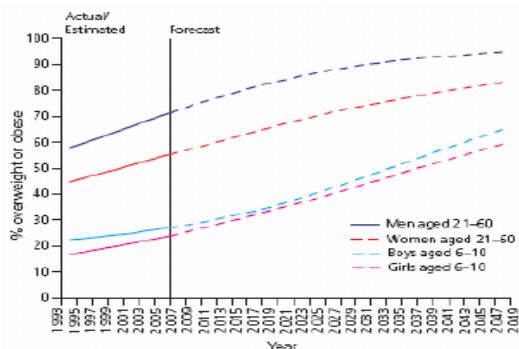
Tackling overweight and obesity is a national government priority and there have been a number of national reports and policy guidance published since the original 2005 Obesity Strategy was developed. **Obesity reduction remains a government and local priority.**

- The Foresight Report (2007) which modelled obesity prevalence at current rates to 2050 (see figure. 1)
- Healthy Weight, Healthy Lives- A Cross Government Strategy for England (2008)
- National Institute of Clinical Excellence: The Prevention, Identification, Assessment and Management of Overweight and Obesity in Adults and Children (2006)
- Healthy Lives, Healthy People – Our Strategy for Public Health in England (2010)
- Healthy Lives Healthy People- A Call to Action on Obesity (2011)

Fig.1

Obesity is growing at an alarming rate, with a significant impact on individuals, our National Health Service and society as a whole

UK Foresight report: By 2050, 60% of men and 50% of women could be clinically obese

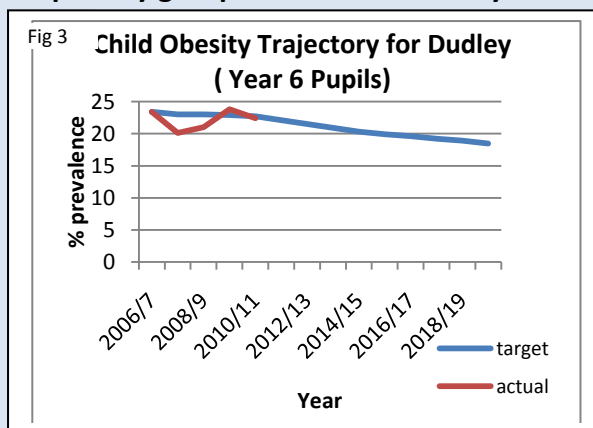
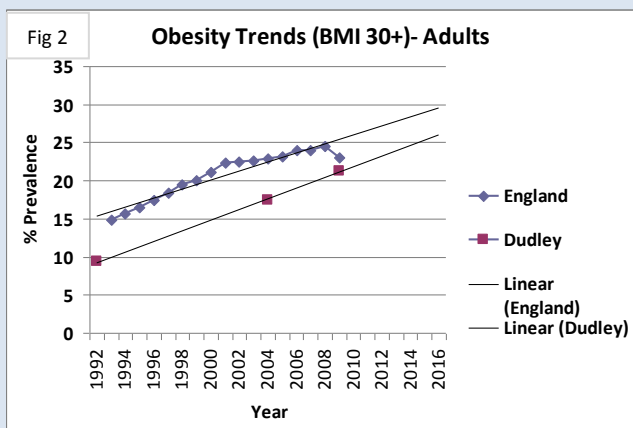


- **Health impact of obesity:**
 - 58% type-2 diabetes
 - 21% of heart disease
 - 10% of non-smoking related cancers
 - 9,000 premature deaths a year in England
 - Reduces life expectancy by, on average, 9 years.
- **Costs of obesity:**
 - National Health Service - £4.2bn
 - Wider economy - £15.8bn
 - Foresight estimate costs to economy of £50bn by 2050

Chapter 2 reviews national data on obesity prevalence, at risk groups and costs. **Chapter 3** reviews local data on obesity prevalence for adults and children and **Chapter 4** reviews local data on lifestyle behaviour -physical activity and healthy eating, and breast feeding prevalence and attitudes for adults and children. **Chapter 5** reviews key interventions and programmes across the borough that contribute to a reduction in obesity and estimates their impact on obesity prevalence where possible. It also reviews progress on the 2005-2010 obesity strategy action plan and Dudley Primary Care Trust's (PCT) commissioning intentions for 2009-13. **Chapter 6** reviews the evidence for emerging interventions and national policy recommendations. **Chapter 7** focuses on stakeholder views from a borough wide event that took place in April 2010. **Chapter 8** compiles the conclusions and recommendations- detailing the gaps, a revised framework for action, vision, aims and strategic objectives and summarises all recommendations made within the review.

The review of the local obesity prevalence and lifestyles data identified the following key points:

- **Adult obesity prevalence in Dudley is increasing** although levels are lower than England (21% compared to 23% respectively (2009)) (figure 2). In numbers terms 51,317 people are obese and 138,532 are overweight or obese. There are indications that the national trend is flattening although this is not seen locally. At current rates of increase, Dudley will have 24.9% of adults obese by 2016. More females are obese, while more males are overweight. The health inequality gap for obesity widened locally between 2004 and 2009.
- **Child obesity prevalence in Dudley is higher than the England average, although the rate of increase may be halting locally and nationally.** 8,313 children are obese and 15,481 are overweight and obese in Dudley. Between reception and year 6, the prevalence of obesity doubles. (10.7% of reception year aged children and 22.4% of year 6 children were obese in 2011/12). Children who are overweight in reception go on to become obese at year 6. More boys than girls are obese in both age groups. Obesity levels are higher in more deprived areas. A large proportion of children who are overweight or obese perceive that they are the right weight for their height- 28% of boys and 17% of girls. This shows how being overweight is now accepted and seen as 'normal'. **Childhood should remain a priority group for action in Dudley.**



- **Breast feeding initiation and duration rates are falling while the Regional and England rates increase or stay the same. (Dudley initiation rates: 52.2% compared to 73.7% for England; Duration rates: 28.7% compared to 45.7% for England (2010/11)).** The lowest rates are for young white mothers in deprived areas. Additionally although over half of years 8 and 10 school children believe that 'breast is best', only a third of them would commit to considering it. This is less than the current breast feeding initiation rate. The perception of breast feeding as more difficult to do than bottle feeding is an influencing factor.

- **Physical activity increased from 46% to 49% in adults from 2004 to 2009, but more so in the least deprived than the most deprived areas.** As a result, activity levels are now similar across the deprivation quintiles in Dudley. Black and minority ethnic (BME) groups, women and girls, older people and people who are overweight and obese have lower activity levels.
- **In children, 70 % of year 5/6 year olds get enough exercise nationally, which declines to 62% by years 8/10.** There is no local data available. Girls activity levels drop off much more than boys. Less children cycle or walk to school in Dudley than in previous years.
- **5 a day fruit and vegetable intake has remained constant overall for adults over the last 5 years at 25.6% (2009), but has increased significantly in the deprived areas.** Males, BME groups and deprived areas have a lower prevalence of people eating 5-a-day. 86.9% of the Dudley population eat a less than healthy diet, more so in deprived areas, although 66.1% perceive they eat a healthy diet.
- **5 a day fruit and vegetable intake has increased slightly for children** since 2004, although there was a significant drop between 2008 and 2010. Five a day intake declines between school years 5/6 and 8/10. **Children remain a priority group for action in that they are consuming high levels of fatty and sugary snacks on a daily basis.**
- **There are specific groups that are more at risk of developing obesity.** Action to tackle obesity must address the needs of these high risk groups. **These should be added to the Dudley framework for action –see figure 9.**

Key outcomes from the review of the services and interventions (figure 4) are as follows:

- There is an impressive number of interventions and services that are contributing to the reduction in obesity in Dudley, across the public, voluntary and private sectors. It is impossible to identify and include everything, so those included in this report may not necessarily be an exhaustive list.

Tier 1: Improving the Environment

- The Healthy Towns programme introduced from 2010 has seen the development of 5 healthy hubs in Dudley parks with connecting active travel corridors. It has encouraged a step change in infrastructure changes in the borough making it easier for people to live healthy active lifestyles. It has particularly encouraged women, families, and black and minority ethnic communities. This programme alongside the other activity programmes listed for Tier 1 in Figure 4, delivered **3,075,034 30 minute exercise sessions in 2010/11 which is equivalent to 11,827 people achieving the recommended 5x30 for every week of the year (5% of the total adult population).** The Local Transport Plan (3) and Dudley's successful bid into the Local Sustainable Transport Fund will bring further active travel developments into the borough over the next 4 years.
- The Dudley Food for Health Award scheme aims to ensure that people in the Dudley Borough have increased access to healthy foods when eating outside the home by supporting caterers to improve healthy catering practices & provide healthy eating choices. **159 premises have the award (March 2011) -40 high street caterers (3.3% of the total number of establishments) and 119 non-commercial premises (33.4% of the total number of establishments) such as schools**

and nursing homes.

- During 2009 national nutritional standards for school food was reintroduced which has had a significant impact on the healthiness of the mid-day meal for many children. As part of this scheme the **Million Meals Campaign** was launched aimed to increase school meals uptake and 75% of schools are signed up to this.
- Healthy food policy work is also evident ensuring that healthy food choices are available in specified settings for children and adults across the public sector. 70% of Dudley schools have a policy with the remainder working towards one. Most areas of the NHS have a policy, although there are some gaps and the Local Authority are piloting in one Directorate. The early years setting is on board (March 2010).
- A healthy workforce is essential to help Dudley increase sustainable economic growth. Developing a healthy workplace programme within the public sector has been hampered by the major organisational and fiscal changes, although some progress has been made both within the public and commercial sectors (March 2011).
- Figure 5 and 6 give a geographical representation of service coverage of healthy eating and physical activity programmes.

Tier 2: Raising Awareness and Developing Skills

- During 2010/11 there were 106 community events supported with health awareness and 3200 contacts made with the public. This represents 5% of the lowest deprivation quintile. A healthy Towns web-site using the national Change4life (C4L) brand was also launched with 12,964 and 4050 families signing up to the C4L campaign.
- Prevention programmes for children and young people are well established particularly through the primary school setting. 100% of schools have national healthy school status and have a healthy eating and physical activity action plan. A dedicated obesity prevention programme has been funded for the school setting which has seen the introduction of a range of interventions including policy work, resources and healthy living activities with a high level of uptake from schools, children's centres and pupils.
- A Healthy college model has been developed and Dudley & Halesowen college have achieved healthy college status. King Edwards, Stourbridge and the Glass House are on board. Colleges choose the issues they wish to work on. Currently nutrition, physical activity and obesity are not priorities. Work is also in progress in Youth Services including healthier snack provision, tuckshops and the delivery of Get Cooking! and sport and physical activity courses.
- There is a healthy community's volunteer programme where volunteers can support people in the community to make a lifestyle change and raise awareness of key messages with 165 volunteers (March 2010). Volunteering programmes for Sport are also in operation.
- Healthy living services for adults which have a healthy eating focus include 'Get Cooking! - a cook and eat programme, healthy living courses delivered through the Council's Adult and Community Learning Service, and the Health Trainers service – a new national behaviour change service launched in Dudley in 2010. Overall these programmes reached 2542 people (1% of the total adult population) during 2010/11. The NHS Health checks service was also launched in 2010/11

which gives a health check to all adults aged between 40 and 74 and signposts to lifestyle services including those for healthy eating, physical activity and weight loss. 4342 health checks were delivered in 2010/11.

- Training for front-line workers on the healthy living messages is delivered across health and the Local Authority. There are some gaps, specifically primary and secondary care.
- The Primary Care Trust is working towards accreditation for 'baby friendly status' for all community sites by 2015. The hospital maternity services have baby-friendly status. Breast-feeding training for key health professionals and a baby-friendly award set up for commercial establishments is in place. 142 places have currently obtained this award (March 2010). A breast-feeding buddies programme has been resourced with 91 buddies trained during 2010/11, 51 still active and 108 moms supported postnatally. The child health promotion programme has introduced a systematic measurement of child obesity within core package 5 at age 1.5 to 2 years. Children identified as obese are referred to child weight management services.

Tier 3: Adult and Child Weight Management

- Adult and child weight management pathways have been set-up with a number of services to meet diverse needs. **6380 adults were supported to lose weight during 2010/11, 12.9% of the target population with about 30% achieving 5% + weight loss outcomes. Anti-obesity drug prescribing and bariatric surgery are at low levels. 245 children were supported to manage their weight, 1.7% of the target population, with 66% of them completing the courses and 71% maintaining or reducing their body mass index.**
- The weight loss service outcomes compare favourably to similar programmes across the region and nationally, however there are issues of attendance, drop –out and weight loss maintenance for all services. The acceptance that a child is overweight remains a sensitive and difficult issue for parents to accept.
- A service for obese pregnant women has been piloted and mainstreamed –the Healthy Pregnancy Support Service, and supported 116 women during 2010/11 with all those subsequently measured at follow-up achieving less than 10kg weight gain in pregnancy.
- Adult and child services are in place for at risk groups including bespoke services for men, learning disability and BME communities for adults and learning disability for children. However there is no systematic referral to the services for children with learning disability, as they receive no school entry check and are not measured as part of the national child measurement programme.
- Figure 7 and 8 give a geographical representation of weight management services for adults and children

Figure 4:

FIGURE 52: PROGRAMMES FOR OBESITY REDUCTION

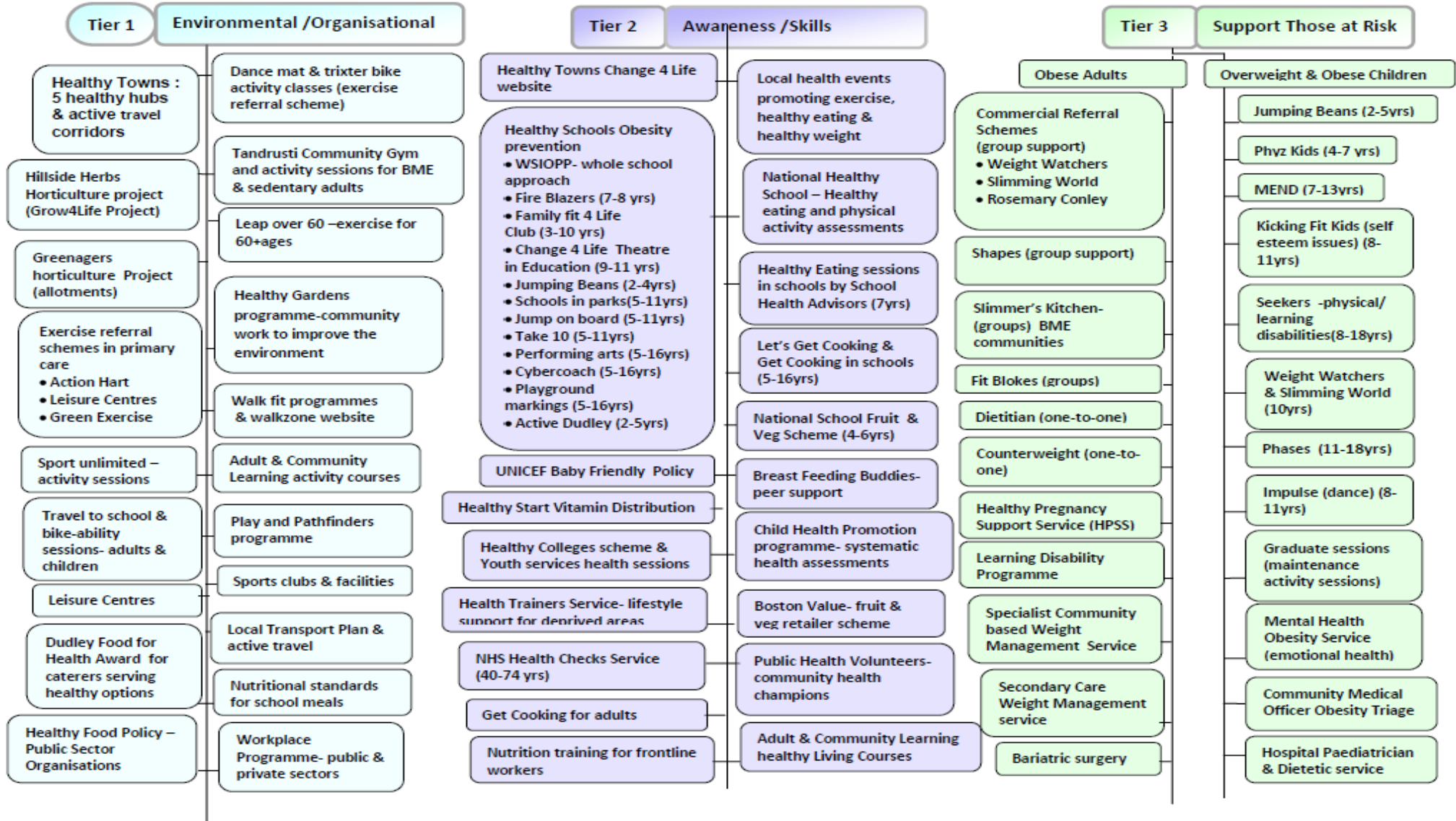
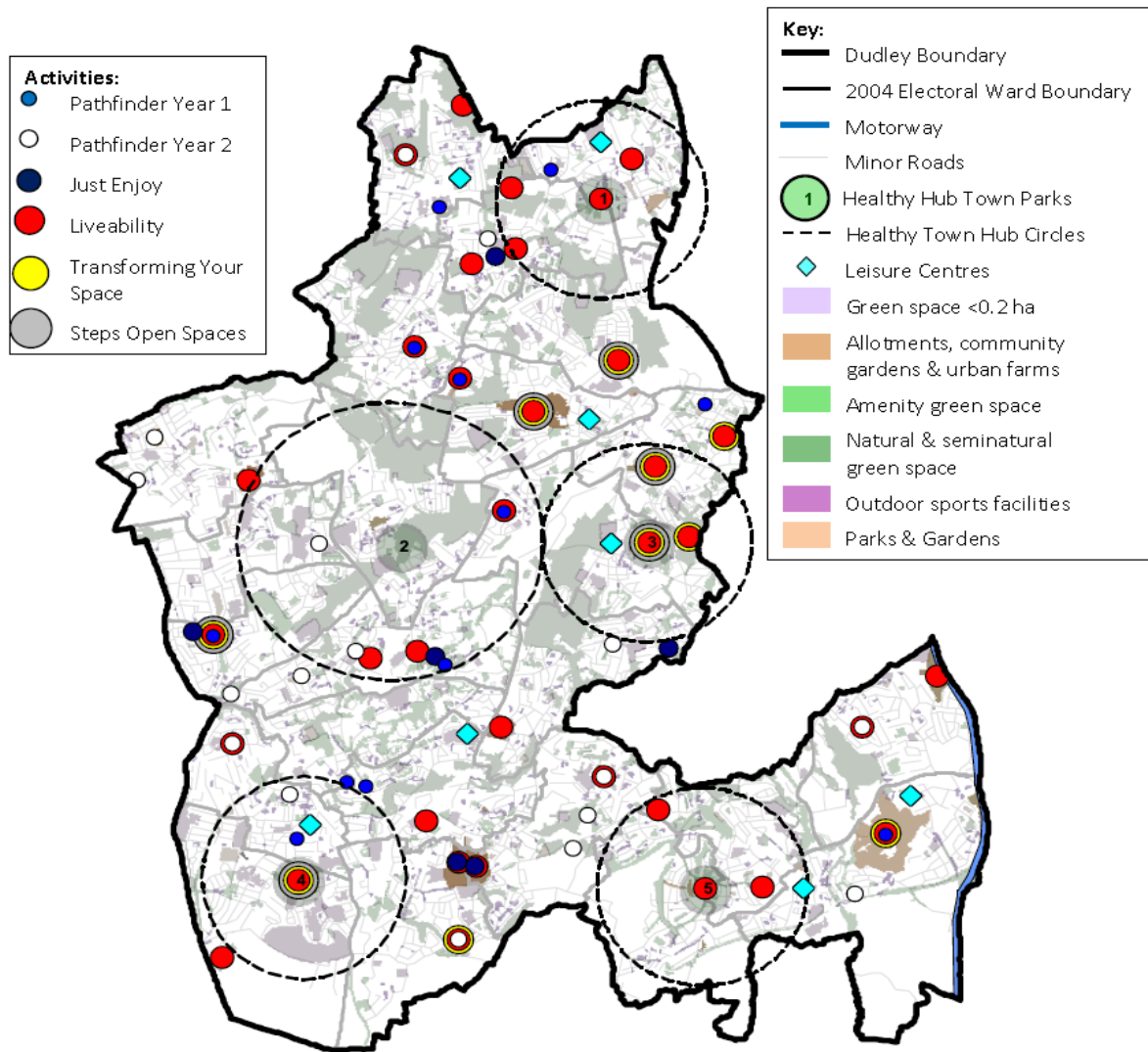


Figure 5

Physical Activity Opportunities in Dudley Map (as at Jan 2011)



Map produced by Public Health Intelligence, NHS Dudley
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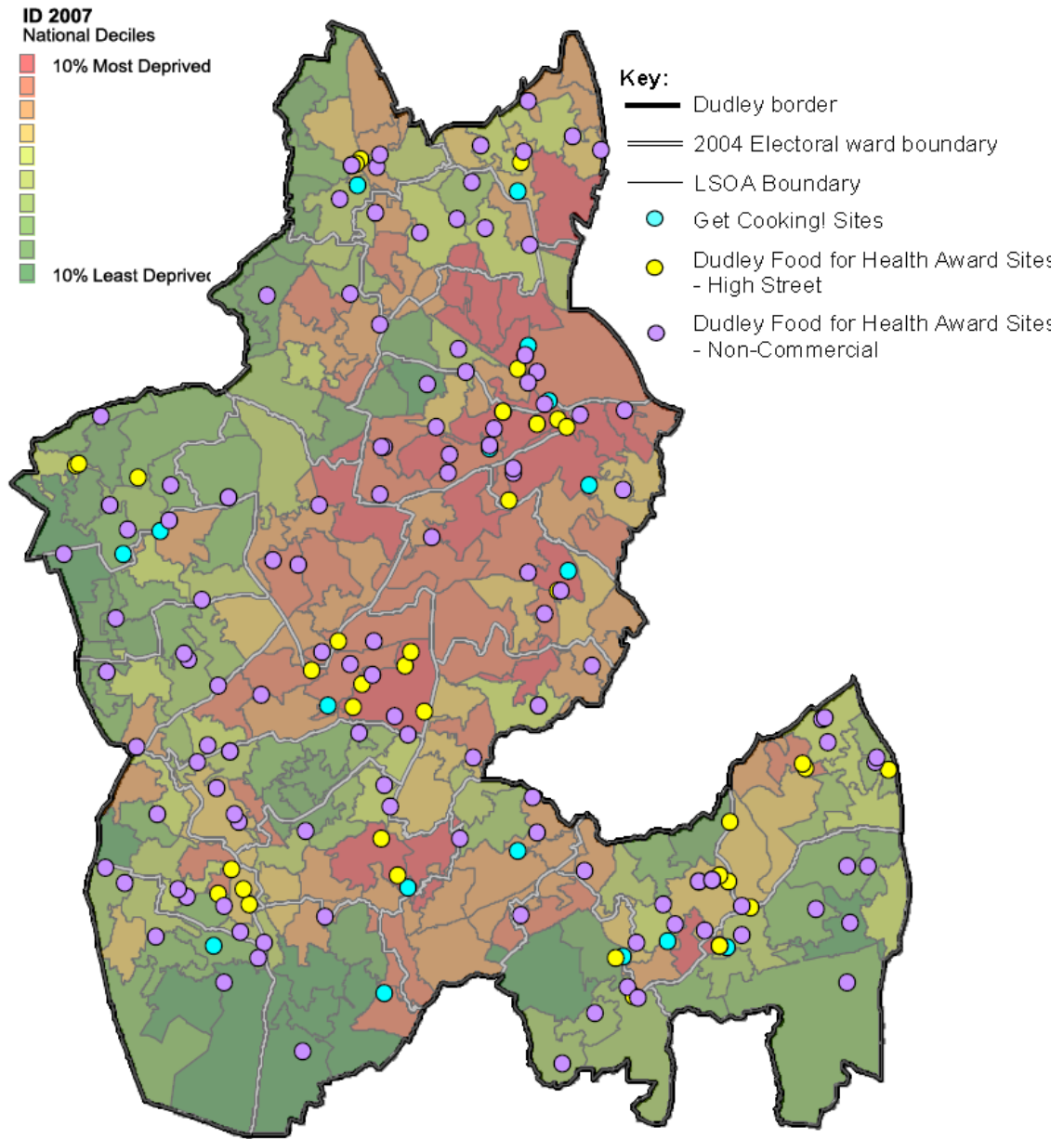
Source: GMIS Unit, Dudley Metropolitan Borough Council

Healthy Hub Town Parks:

- 1 Silver Jubilee Park
- 2 Fens Pool
- 3 Netherton Park
- 4 Mary Stevens Park
- 5 Huntingtree Park

Figure 6

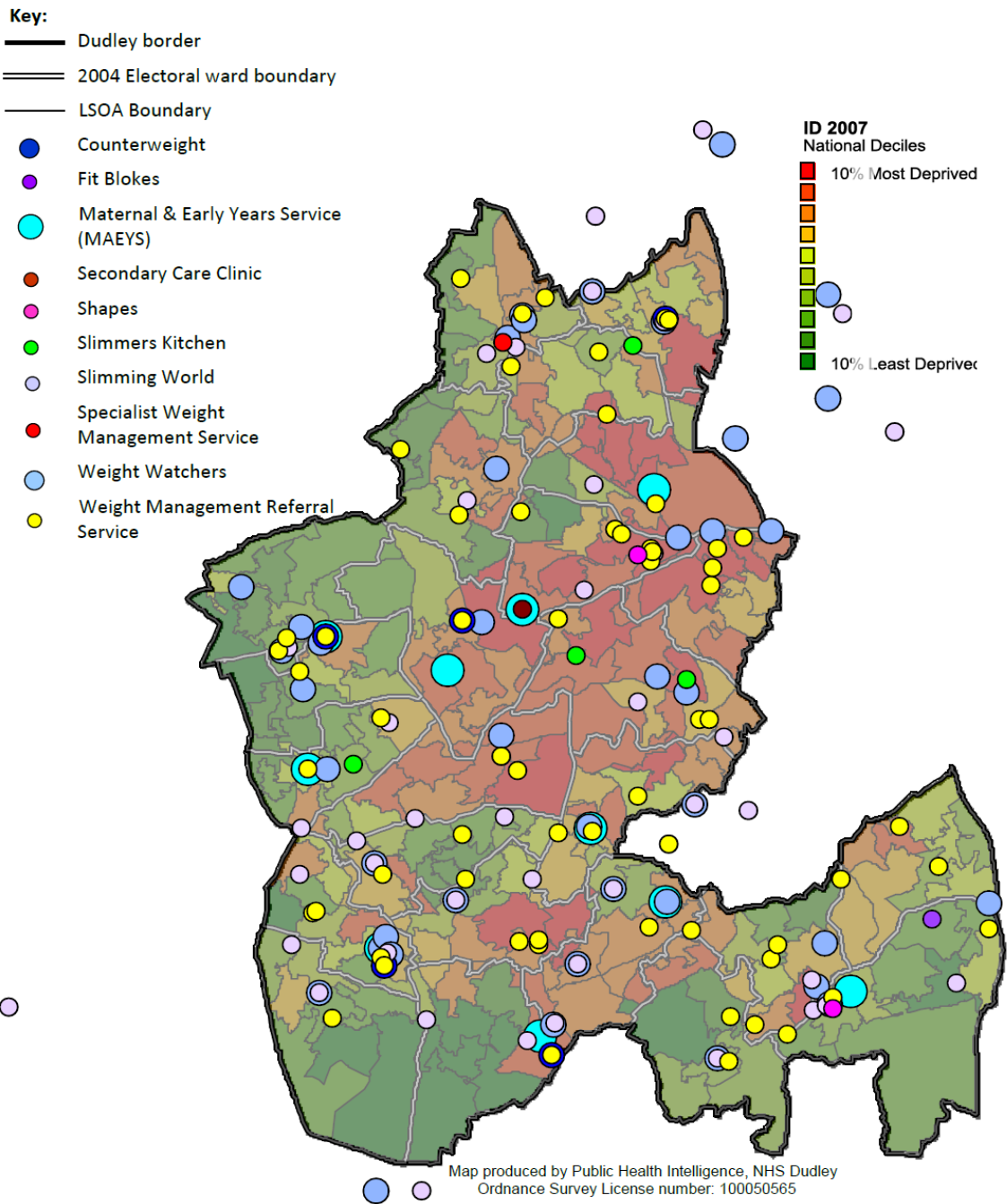
Healthy Eating Services in Dudley (2009-10)



Map produced by Public Health Intelligence, NHS Dudley
Ordnance Survey License number: 100050565

Figure 7

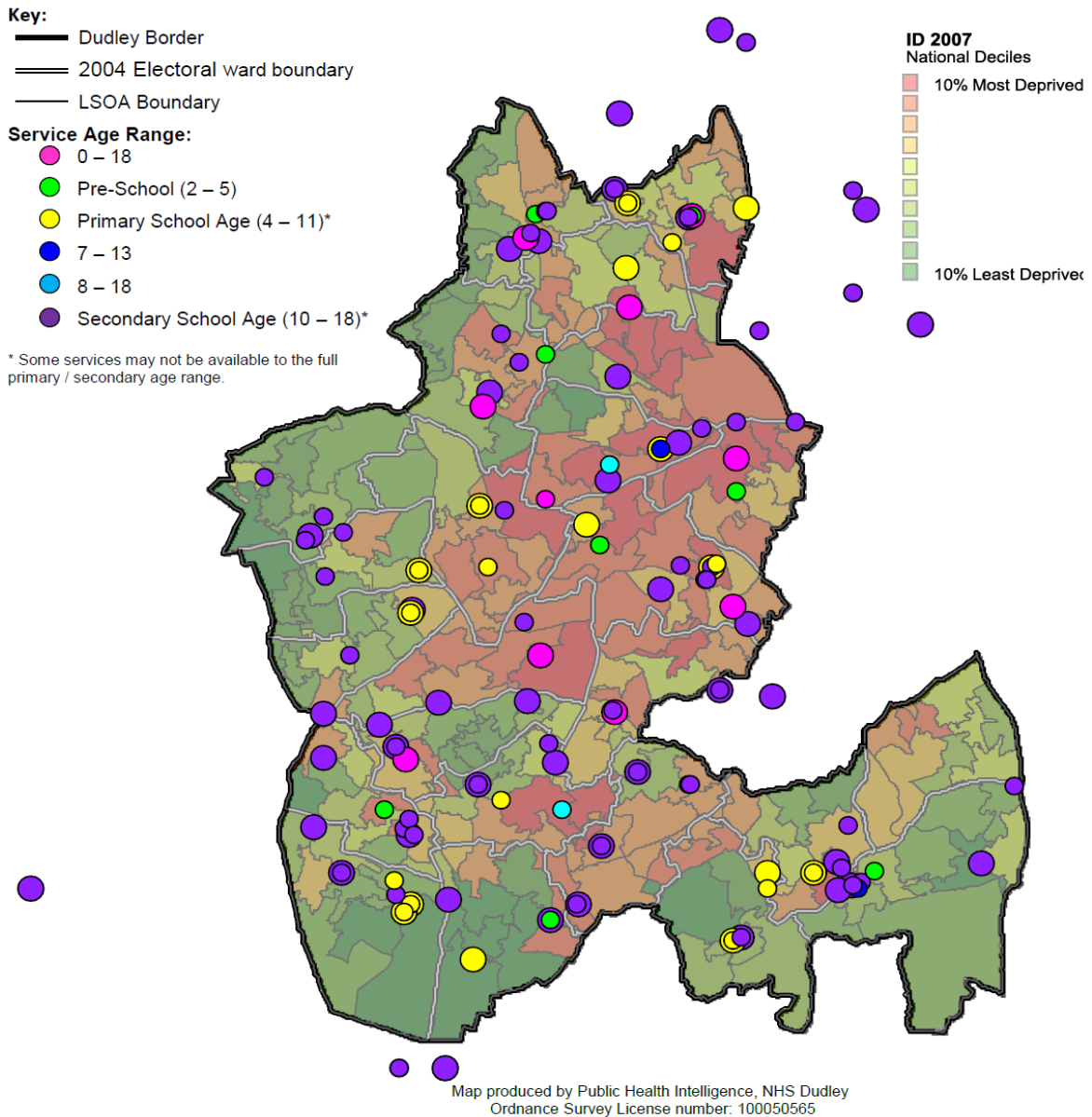
Weight Management Services serving the Dudley Population (as at Dec 2010)



Sources : Service Locations - Weight Management Team, NHS Dudley
Department of Communities & Local Government Indices of Deprivation 2007

Figure 8

**Children's Services available to the Dudley Population in 2009/10
by Age**



Sources: Service Locations – Dudley Healthy Schools Public Health Programme
Department of Communities & Local Government Indices of Deprivation 2007

In summary, the review of the services and programmes (see figure 4), the 2005-10 strategy action plan and Dudley PCT's commissioning intentions 2009 to 2013 identified the following gaps:

Tier 1: Tackling the Obeseogenic Environment:

- the need to expand the reach and impact of programmes that are increasing access to healthy food
- a focus on transport infrastructure to prioritise active travel
- a focus on urban design and planning to promote physical activity and increase access to healthy food.

Tier 2: Lifestyles: Attitudes, Knowledge and Skills:

- the need for a high profile and sustained public health campaign to raise the public's consciousness about the need to change so that being a healthy weight returns to being the social norm
- a focus on early years and primary school age settings to establish life-long health skills
- a step change in breast-feeding initiation and duration rates
- the need to industrialise the healthy workplace programme across the public and private sector.

Tier 3: Treatment Pathways for Adults and Children:

- a focus on increasing referrals to the child weight management pathway
- a focus on improving long-term weight loss outcomes for adults and children
- a focus on increasing referrals to weight loss services from secondary care and mental health
- a focus on improving referral and outcomes for obese children with learning difficulties.

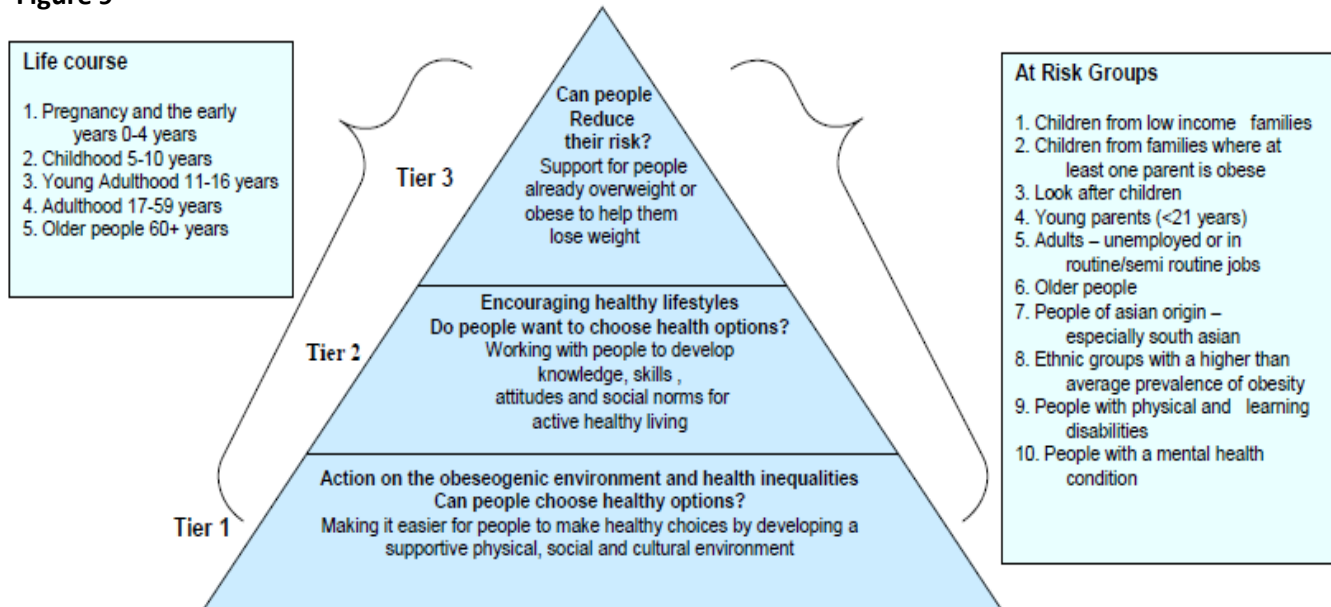
A review of the evidence of emerging interventions and national policy recommendations, identifies the following:

- **Nudge Theory:** an approach to behaviour change that focuses on altering environmental cues to prompt healthier behaviour is a useful addition to the health promotion tool-kit.
- **Public Health Responsibility Deal:** the voluntary participation approach outlined by the government for partnering with business to achieve public health goals can be strengthened at the local level with additional recommended pledges.
- **Community Engagement** approaches which emphasise the importance of community 'ownership and 'responsibility' in achieving healthy positive 'places' should be capitalised upon within Dudley.
- **The Life-Course Approach** is advocated within current government policy and can be used to target specific groups for action within Dudley.
- **A number of interventions** in the literature are showing favourable impacts and could be considered within action planning for Dudley:
 - Healthy urban design: the use of supplementary planning guidance for health as a tool to embed environmental change such as active travel and reduction in fast-food outlets
 - Nurture/health awards for early years settings fostering healthy policy
 - Food-dudes programme in primary schools to increase and sustain healthy eating behaviour change
 - High profile campaigning for social/cultural change
 - 'Making Every Contact Count' to maximise the opportunities of front –line workers to provide healthy living advice to the public and sign post to services.
 - Web based programmes and phone texting to maintain weight loss in treatment programmes

Key Conclusions:

- There are robust initiatives and services that have been developed and are progressing in Dudley, however, the impact on the headline public health outcomes have not yet been realised. Figure 4 gives an overview of these programmes and initiatives. Impacts have not been realised yet because:
 - The interventions implemented to tackle obesity have only just started and have not achieved their full implementation.
 - Lessons learned from tackling smoking behaviour, is that it takes longer than 5 years for the impacts of public health programmes to come to fruition.
 - Some of the programmes have limited resources and are achieving only a small 'reach' as a result.
- A new action plan should be developed that builds on the programmes and initiatives set up over the last 5 years, with a view to maximise their reach and impact. This will ensure that the next 5 years secure real positive changes in the headline public health outcomes.
- The 2005 obesity strategy principles and 3 tiered delivery framework underpinned by environmental change are still relevant, valid and need not change significantly. **The added value would be to reflect the life-course approach within the tiers in line with national government policy and also the specific population groups who are more at risk of developing obesity** (see figure 9).

Figure 9



- **Children, particularly the early years and the primary school settings and looked after children** should remain priority life-course groups; **deprived areas, black and minority ethnic groups and people with physical or learning difficulties or mental health issues** should remain priority 'at risk' groups.
- Dudley requires strong leadership and interventions of an industrial scale if it is serious about tackling the causes of obesity.
- The recommendations are broad ranging and can only be achieved by a whole range of partners working together in a coordinated and planned way. The strategy will bring together many action plans that are already being delivered through existing multi-agency partnerships.
- There are important roles for all statutory agencies including all Local Authority Directorates and the newly emerging Clinical Commissioning Group. There are also important roles for key providers such as the Black Country Partnership Foundation Trust, Dudley Group Foundation Trust and the Mental Health Trust, and the voluntary and private sectors.
- Tackling overweight and obesity makes a significant contribution to delivering sustainable productivity & economic growth. Attainment of a flourishing local economy requires a healthy population
- The next 5 years will be more challenging due to the tight fiscal environment. These issues may hinder progress. Financial pressure means the action plan should focus on redesign and synergy to improve effectiveness rather than rely on additional investment.
- Monitoring arrangements need to be able to show changes in both the short-term and medium term as well as the long-term in order to help foster political buy in. They also need to be based on the Public Health Outcomes Framework 'basket of indicators'.
- The future impact of obesity in Dudley at current levels of increase should be modelled and also the impact of a number of scenarios for obesity reduction in the Borough. This will help to illustrate the severity of the problem and also support the setting of prevalence reduction targets and quantification of action required to meet them.

The vision: to create an environment and culture where adults and children in Dudley have the opportunity to maintain a healthy weight.

The strategic aim remains to halt the rising trend of obesity through a multi-agency approach. This will encourage and enable all those living and working in Dudley to live a healthy and active lifestyle within a healthy environment supported by appropriate services where necessary.

Strategic Objectives:

- Making reducing obesity a priority for all- to ensure prevention and management of obesity is a priority for all at both strategic and delivery levels. The strategy must create 'leadership for change' across all sectors with personal and political buy-in fostered at all levels. Major policy decisions and plans must be 'health checked' to ensure synergy and that their outcomes do not compete with the tackling obesity agenda.
- Tackle the obeseogenic environment – develop an environment that supports active lives and enables people to eat a healthy balanced diet and tackles health inequalities
- Promote healthy behaviours – to support a cultural shift and empower people to make behaviour changes to improve their own health
- Invest in workforce development – to support a cultural shift and enable the workforce to support themselves and the public in healthy behaviour change
- Invest in prevention- increase capacity of evidenced based programmes
- Maximise outcomes from treatment services – to ensure cost effectiveness of services for adults and children

Summary of Recommendations:

TIER 1: Improving the Environment

The Healthy Towns programme is targeting and reaching the areas identified as gaps from the physical activity epidemiological review- deprived areas, women and BME communities.

- It is recommended that the Healthy Towns programme is sustained and continued as a base for Tier 1 delivery.
- It is recommended that as the healthy town hub venues are popular with women, that they be used to provide additional activity sessions aimed at women, particularly BME women.
- Achieve green flag status for 5 parks by 2015.

A healthy town 'provides conditions and opportunities that encourage and support healthy lifestyles'. This includes healthy urban design which makes health central to the planning process:

- Develop a supplementary planning guidance for health that addresses access to healthy food choices and green infrastructure to promote active travel and create walkable neighbourhoods in line with the recently ratified Black Country Joint Core Strategy.
- Incorporate a health impact assessment consideration on all Local Authority decision sheet and committee reports.
- Work through the Licence and Safety Committee to address access to healthy food choices in relation to street vending.
- Engage industry and retailers and work at the local level to strengthen the public health responsibility deal to maximise local impact of pledges and introduce new ones.

There is a high level of physical activity facilities and opportunities in the borough. The key focus should be to encourage people to use the facilities and be more active more often:

- To achieve a 1.0% increase in prevalence/year to 55% by 2016.
- To implement a mass marketing campaign plan to encourage behaviour change in the borough
- Increase current structured programme provision by 5 %/year targeted at the most deprived quintile, black and minority ethnic communities and women.
- To implement the Local Transport Plan 3 and the Fund programmes in Dudley and utilize all 'external' funding opportunities that become available to further develop active travel opportunities in Dudley.

Dudley Food for Health Award (DFHA) which awards caterers who serve healthy food options, is effective but resource intensive and has a low reach. The key focus should be on maximising impact especially within the 'high street'.

- Increase DFHA provision to high street sites to 100/year, looking at ways to reduce input to non-commercial sites i.e. self assessment.
- Develop a less resource intensive complimentary model aimed at high street sites built on the Public Health responsibility deal principles to widen the reach of healthy food access.
- Develop a healthy retail programme to encourage retailers to sell and market healthy options.
- Work with local food producers/manufacturers (and those providing to local caterers) to reduce fat and sugar content in prepared foods that contribute high levels of fat and sugar to people's diets.

Community engagement approaches can be effective at behaviour change at the population level.

- Set up a healthy places grant fund to support local resident groups in taking forward health related projects in their area.

Workplace health programmes have developed slowly, hampered by major organisational change in the Public Sector organisations. Nationally the government strategy focuses on workplace health through the responsibility deal. This setting should be a priority for the refreshed obesity strategy and action plan.

- Develop a workplace health package of support that can be promoted to the public and commercial sector through the 'Workplace Wellbeing Charter'.

TIER 2: Lifestyles

Mass behaviour change campaigns are an important strategy in changing social norms.

Development of a long-term borough wide campaigns plan should be a priority and include:

- Campaigns all through the year based on social marketing insight & use of innovative media to promote healthy living including arts and health.
- Awareness raising of local services, facilities and programmes to maximise uptake.
- Continued presence and support at a minimum of 110 community events per year to reach 5% of the population in the lowest deprivation quintile.

Pregnancy and early years should remain a priority within the refreshed strategy and action plan. Child centred, holistic, educational and skills based programmes in schools, children centres and other young people's settings are well developed and mainstreamed. There are opportunities to expand the approach:

- Develop a holistic healthy early years setting model to incorporate children's centres, nurseries and child minders, building on the learning from the Staffordshire Early Years Nurturing award.
- Expand coverage of obesity prevention in college and youth service sectors.
- Investigate a way forward for ensuring access to programmes and services for children educated at home.
- Formalise pathways into services for the key vulnerable groups such as looked after children and travelling families.
- Look to include children with learning disabilities within the child health promotion programme school health assessments and also the national child measurement programme to ensure obesity issues are systematically identified in this high priority group.
- Implement the food-dudes programme within Dudley's primary schools to increase and sustain fruit and vegetable intake and reduce high fat and sugar snacks and look to develop a physical activity element to the programme.
- Focus on raising awareness of breast feeding and healthy start vitamin benefits with pregnant women and mothers.
- Conduct social marketing to identify key triggers to support the uptake of breast feeding and the healthy start vitamins.
- Work to ensure a supportive environment- breast feeding as the norm with easy access to breast feeding sites and easy access to healthy start vitamin distribution sites.

Adult focused healthy living skills programmes are well-developed and targeted to specific needs. They are effective in achieving behaviour change but are resource intensive and have a low reach. The key focus should be on maximising impact:

- Continue healthy living skills based programmes for adults as part of the broad portfolio of programmes required to tackle obesity. Industrialisation of these programmes should be encouraged if funding becomes available.
- Expand the range of healthy eating services/interventions on offer to include less resource intensive programmes that can be tested for effectiveness and meet a wider range of needs. Maximise the role of the Health Trainer and Adult and Community Learning services. Ensure services are inclusive of 16-24 year olds especially those not in education, employment or training (NEETs).
- Increase the uptake of lifestyle services from the national NHS health checks programme.
- Develop and implement Identification and Brief Advice (IBA) training programmes using the 'Making Every Contact Counts' tool for nutrition, physical activity and obesity for key health professionals especially in primary and secondary care, mental health, learning disability and across the health economy.

TIER 3: Weight Management

The adult weight loss pathway is now well established, able to deal with large numbers and shows good access for all communities within Dudley. As a result of the comprehensive lifestyle provision, the use of anti-obesity drugs and surgical options remains low. The key focus should be:

- An emphasis on reducing the number of patients who lapse. Preventing lapse would increase the outcomes rates and service impact particularly for deprived areas.
- An emphasis on improving longer term weight maintenance, once a patient has been discharged from a service.

- Awareness of the pathway and its services should be raised with black and minority ethnic communities.
- Investigate the implementation and evaluation of a phone/texting maintenance model for level 1 services to improve weight loss outcomes and the sustainability of weight loss up to 12 months.
- Investigate the use of web- based weight maintenance programmes.
- The counterweight programme should be piloted further to test the short and long-term outcomes of the programme.
- The capacity of the Community Specialist Weight Management Service should move to the full 4 clinics/week as soon as possible.
- The difficulty of achieving sustainable weight loss shows the strength of environmental and attitudinal factors. Sustainable population impact requires societal change on a grand scale. Public Health campaigns aimed to counteract the 'normalising' of overweight and obesity that has occurred should be introduced.

For the child weight management pathway, achievement of the target of 1000 accepted referrals is required in order to achieve a 5% point impact on child obesity prevalence. It is recommended that:

- A social marketing programme is initiated to investigate and improve parent acceptance of overweight/obesity as an issue for their child in order to increase referrals and referral acceptance.
- There is a review of level 1 service scheduling to reduce waiting times for courses and potentially reduce the numbers not attending the courses (DNAs).
- Client feedback and incentives be explored to tackle drop –out rates of level 1 services
- A bespoke obesity pathway for children with learning disability be developed with a process for systematic identification and referral..
- Identify the prevalence of obesity in children under 2 years of age and review the literature for evidence based obesity treatment interventions for this age group.

Potential Monitoring Outcomes

Post April 2013, it is proposed that monitoring for the obesity strategy will become part of the remit of the newly formed and functioning Health and Wellbeing Board. This health needs assessment and the obesity strategy will need to be linked into the Joint Strategic Health Needs Assessment and Health and Wellbeing Strategy. Independent scrutiny will continue by the Health Overview and Scrutiny Committee.

The government has published a public health outcomes framework for England 2013 to 2016 with 4 domains and a set of indicators for each domain. Indicators for consideration that link into obesity reduction are outlined below. Annual reporting on the progress against the action-plan should also be included as part of the monitoring process.

Indicator	Measurement	Benchmark
Long-term (Targets)		
Adult obesity prevalence and obesity prevalence gap between the least deprived and most deprived quintile (Domain 2). Current suggested target: To maintain the 2009 level of obesity in the Dudley adult population up to 2016. Or adult healthy weight prevalence/ prevalence gap between the least and most deprived	Dudley adult lifestyle survey repeated every 5 years	Health Survey for England (HSE) Yearly
Child obesity- prevalence of excess weight in 4 to5 and 10 to 11 year olds and gap between the most deprived and least deprived quintiles (Domain 2) Current target: To reduce child obesity prevalence over the next 5 years by 2.5% points from 2008/9 baseline by 2015 and by 4.5% points by 2010.	National Child Measurement Programme (NCMP)	NCMP
Mortality rate from all CVD in persons less than 75 years and gap between the most and least deprived quintiles (Domain 4)*	NHS Information Centre	NHS Information Centre
Mortality rate from cancer in persons less than 75 years and gap between the most and least deprived quintiles (Domain 4)*	NHS Information Centre	NHS Information Centre
Medium Term		
% of adults meeting the recommended guidelines on physical activity (5X30mins/week) and % gap between least and most deprived quintiles (Domain 2)	Dudley adult lifestyle survey- 5 yearly, Active people's survey	HSE, Active peoples survey
% adults meeting 5 a day fruit and vegetables guidelines and % gap between the least and most deprived quintiles	Dudley adult lifestyle survey 5 yearly	HSE
% of children achieving recommended physical activity levels and % gap between the least and most deprived quintiles	Dudley School Lifestyle survey-2 yearly	HSE
% of children eating recommended fruit and vegetable levels and % gap between the least and most deprived quintiles	Dudley School Lifestyle survey- 2 yearly	HSE
% of infants breastfed initially & duration at 6-8 weeks and % gap between the least and most deprived quintile.(Domain 2) Current target: To increase the prevalence of breast-feeding at 6-8 weeks by 11.4% points by 2015.	PCT Child Health Information System	NHS Information System
Reach of mass public health campaigns plan as a % of population ready to change/improve health behaviour	Questions could be added into Dudley's Lifestyle survey	
% year on year reduction in work sickness absence rates (Domain1)	Labour Force Survey & proposed	LFS & fit-note survey

	electronic fit note survey	
Milestones/ Short term		
Utilisation by people of green space for exercise/health reasons: % of people reporting visit to green space for health/exercise over previous 7 days	MENE –monitor of engagement with natural environment survey (national)	MENE
Increase in cycling and walking infrastructure-amount/year	Local Authority (LA)	
Cycling and walking participation of adults (to measures % of population cycling and walking by frequency (no of days over previous 4 weeks)	Questions could be added into Dudley’s Lifestyle survey	
Percentage of children who walk or cycle to/from school (5-16 years)	School lifestyle survey – 2 yearly	National Transport Survey
Combined % reach of physical activity programmes as an estimate of people exercising 5X30 weekly	LA and PH service data combined	
Combined reach of healthy eating environmental programmes as a % of commercial and non-commercial eating places	PH service data	
Reach of healthy workplace programmes as a % of total workplace sites.	PH service data	
Reach of settings based programmes such as early years, college or youth services as a % of total venues	PH/LA service data	
Combined reach of school based programmes as a % of total school year size	PH service data	
Reach of combined adult healthy eating sessions as a % of total eligible population (Domain 2)	PH service data	
% uptake of NHS health checks by those eligible (Domain 2)	PH service data	
% year on year increase in accepted referrals to lifestyle services for adults and children– obesity, physical activity and nutrition (Domain2)	PH/LA service data	
Combined reach of child weight management services as a % of obese population (Domain 2)	PH service data	
Combined reach of adult weight loss pathway services as % of obese population (Domain 2)	PH service data	
Yearly volume of anti-obesity drug prescribing (Domain 4)	PH service data	
Yearly activity data for bariatric surgery Domain 4)	SUS data	NHS Info. Centre