

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

14 DECEMBER 2018

OBESITY DEEP DIVE

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Summary

This report presents a 'deep dive' into the current situation in relation to overweight and obesity across Kent and Medway.

A BMI of between 25 and 29.9 is classified as overweight and a BMI of between 30 and 39.9 is classified as obese with a BMI 40 and over classified as morbidly obese. For children and young people aged 2 to 18, the BMI calculation takes into account age and gender as well as height and weight.

The report references national policy and initiatives and then covers the prevalence data for Kent and Medway and the range of services and interventions.

The report concludes by identifying a need for a particular focus on Tier 3 specialist weight management services.

1. Budget and Policy Framework

- 1.1 The Health and Social Care Act 2012 conferred the statutory duty of Public Health on local authorities. Local authorities are responsible for improving health in their local area and working with other organisations to meet national targets for key health indicators.

1.2 Being overweight or obese can have a serious impact on health. Obese individuals have an increased risk of premature death or disability associated with cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon). Supporting residents to achieve and to maintain a healthy weight is a key priority for Health and Wellbeing Boards. Obesity prevalence is also heavily influenced by the wider determinants of health. Prevalence is generally higher in disadvantaged communities so it is important that a 'place based' approach is applied, for example ensuring regeneration and development plans support the obesity agenda.

2. Background

2.1 There are number of national policy, initiatives and approaches which influence local authority work in relation to obesity. These include:

2.2 **Healthy Lives, Healthy People: A Call to Action on Obesityⁱ** (October 2011). This paper urged each local authority to 'harness it's reach' with other local authority activities such as planning, sport and green spaces and to take advantage of the wide ranging influence a local authority can have on obesity.

2.3 **Public Health Outcomes Frameworkⁱⁱ** (August 2016). This framework sets out the key national priorities for improving health and reducing inequalities. It contains a number of key measures to assess the state of local health and wellbeing at the national and local level. The key indicators relating to obesity are:

- Utilisation of outdoor space
- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks
- Excess weight in 4-5- and 10-11 year olds
- Daily fruit and vegetable consumption in adults and 15-year olds
- Proportion of adults classed as overweight or obese
- Proportion of adults classed as physically inactive.

2.4 **Making Obesity Everyone's Business – A Whole Systems Approach to Obesityⁱⁱⁱ** (2017). This report highlighted the importance of local authorities adopting a Whole Systems Approach to tackling obesity. Referring to the Obesity Systems Map^{iv}, the report argues that the complexity of the obesity issue makes it a difficult problem to tackle one component at a time.

2.5 Kent County Council is currently working on the implementation of the new draft guidance on the use of a Whole Systems Approach to obesity with partners from PHE and Leeds Beckett University. This is at an early stage as it will be challenging to implement this approach in such a large geographical area and complicated health economy.

2.6 A Whole System Approach to reducing obesity is delivered in Medway through the Medway Healthy Weight Network. This is a collaboration of 28 partner organisations from the private, public, voluntary and academic sectors working together to take a multi-agency approach to reducing obesity across

the population. The partners are united by a single vision “Working together to support all Medway residents to adopt healthier lifestyles and achieve a healthy weight”. The network meets annually to discuss and agree ways the partners can work together to bring the vision to life. Throughout the year the partners deliver a wide range of obesity, physical and nutrition interventions. Medway Council performs a coordination and leadership role with this network, the Chair of the Medway Health and Wellbeing Board hosts the annual event.

- 2.7 **Making Every Contact Count (MECC)** is currently utilised by many of our partners and is in further development in Kent and Medway as part of the STP Prevention Plan. The programme enables the use of the everyday conversations people have, to encourage positive behaviour changes.
- 2.8 **Change 4 Life** is a national initiative that focuses on family health. It aims to reduce adult and childhood obesity simultaneously by making health a family issue. The Change4Life Sugar Smart campaign which launched in 2016 aimed to engage families to reduce the amount of sugar they consume.
- 2.9 Across Kent, there were nearly 1,800 registrations to the Sugar Smart campaigns in 2016, this is in the context of a target population of 111,200 families with the youngest child under 10 years of age. Equating to 1.6% for Kent, this was higher than the national figure for registrations as a percentage of target families (See Appendix 3, Table 1).
- 2.10 The Sugar Smart Medway campaign was launched in October 2018. Medway Council’s Public Health Team will be providing advice and support to residents to equip them with the tools they need to be Sugar Smart, including learning about healthier snacks and meals. The campaign aims to support 1,000 residents and 100 businesses to become Sugar Smart. In addition to a large social media presence to keep engagement in the year long project, the Team will be delivering 12 roadshows across Medway to raise awareness.
- 2.11 Medway Public Health Team work closely with Medway Planning Service. In 2014, a supplementary guidance note was introduced to restrict the volume and opening hours of Hot Food Takeaways within a 400m radius of schools. Since the success of this, the collaboration has been extended to include the Public Health Team providing input on a large number of planning applications and processes. This includes commenting on large developments, attending pre-application stage meetings with developers and providing significant input to the master planning of towns. The Public Health Team continue to input to the development of the new Local Plan, writing specific health policies, and ensuring health and wellbeing is a golden thread running through all policy chapters. This includes significant references to the obesogenic environment, physical activity, active travel, healthy eating and food growing agendas.
- 2.12 In Kent, the broader work on obesity and obesogenic environments has been worked through the Local Health and Wellbeing Board plus our work with our Growth, Economy and Transport Directorate, particularly on active travel and increasing physical activity. The One You Kent service is broadly delivered through partnerships with districts in Kent with obesity being a key priority.

3. Advice and analysis

Child overweight and obesity: national performance

- 3.1 Nationally, the prevalence of overweight and obesity among children (2-15), as measured by the Health Survey for England, has increased from 25.0% in 1995 to 33.4% in 2005 and the trend has been stable since.

Obesity in children aged 10 -11 Kent and Medway performance overview

- 3.2 The 'Obesity in children aged 10 -11' dashboard (Appendix 1) shows the rates of obesity for children of this age across Kent and Medway from 2006/07 to 2016/17. At 18.5%, Kent has a statistically lower level of obesity at this age than England (20%). The Kent rate is 3.5% above the target of 15%. This gap corresponds to 542 children. At 21%, obesity in children aged 10 -11 in Medway is at a similar level to England. The Medway level is 6% above the target, this gap representing 181 children.
- 3.3 From the Dashboard it can be seen that both Tunbridge Wells (12.5%) and Tonbridge and Malling (14.7%) have met their target and are achieving statistically lower levels of obesity in this age group than the England benchmark at 20%. Gravesham have statistically higher rates of obesity in children aged 10 -11 than the England benchmark and the dashboard shows they are 8.2% adrift of their target. This gap represents 101 children.

Child overweight and obesity: Kent performance

- 3.4 The National Child Measurement Programme (NCMP) in 2017/18 found 12.4% of reception aged children to be overweight and 8.3% to be obese. Overall in Kent, the percentage of reception year pupils classified as overweight or obese is lower than the national figure and ranks 4th amongst the 16 statistical neighbours (Appendix 3 Table 2).
- 3.5 In 2017/18, the percentage of year six pupils (aged 10 to 11) classified as overweight or obese based on the NCMP was 33.2% for Kent, which is lower than the national figure and ranks 15th amongst the 16 statistical neighbours (Appendix 3 Table 3).
- 3.6 Obesity was more common amongst year six pupils compared to reception year, affecting 18.8% of children measured. 14.4% were overweight across Kent as identified by the NCMP in 2017/18.
- 3.7 In 2017/18, the prevalence of obesity was higher in year six boys (20.6%) than girls (16.9%) as measured by the NCMP across Kent. However, among reception year the prevalence of obesity across boys and girls was similar (8.4%, 8.3% respectively). Nationally, obesity prevalence was higher for boys than girls in both age groups.
- 3.8 In 2017/18, the prevalence of obesity was generally highest amongst certain ethnic minority groups. These include Black pupils in reception (27.7%), as well as, amongst Black and Asian pupils in year six (44.5%, 42.0% respectively) as measured by the NCMP across Kent. The same pattern was

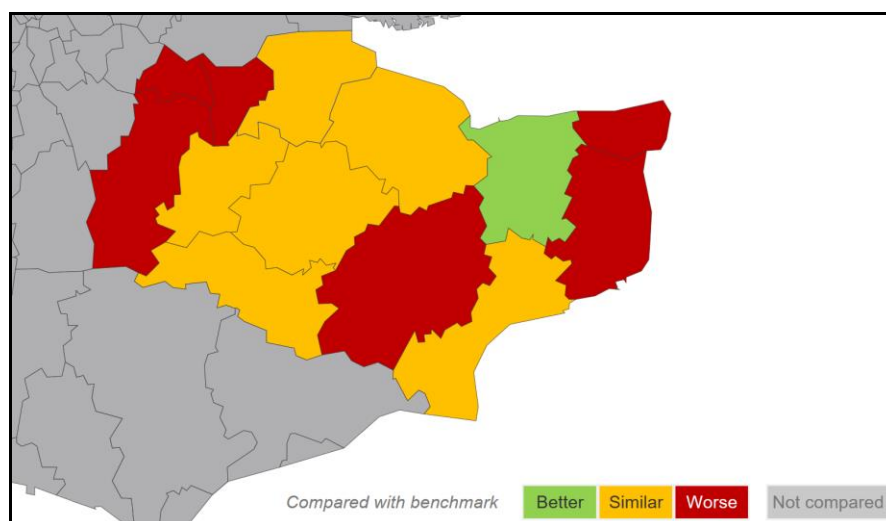
observed nationally for Black pupils in both age groups. Further work needs to be undertaken to understand how to better engage families in the offer.

- 3.9 Overweight and obesity prevalence is higher in pupils living within the most deprived areas than the least deprived areas, as measured by the NCMP across Kent and England. For year six pupils across Kent, the inequality gap in obesity prevalence between the most and least deciles has been increasing, equating to a difference of 6.8% in 2010/11 and increasing to 14.1% in 2017/18. Nationally, this difference has been increasing in both age groups between 2010/11 and 2017/18.
- 3.10 The prevalence of overweight and obesity in reception year pupils is higher in Dartford, Dover and Swale (See Appendix 3, Table 4). The prevalence of overweight and obesity in year six pupils was higher in Dartford, Gravesham and Thanet than the Kent figure in 2017/18 (See Appendix 3, Table 5).

Child overweight and obesity: Medway performance

- 3.11 In reception year, the percentage of children categorised as being overweight or obese has increased slightly from 22.6% in 2016/17 to 23.4% in 2017/18, all of this increase occurring in the overweight category.
- 3.12 For year six pupils, the percentage of children categorised as being overweight or obese has decreased from 35.5% in 2016/17 to 34.0% in 2017/18. These changes are not statistically significant and Medway is in line with the national average. National data shows that the prevalence of overweight (including obesity) is strongly associated with deprivation.
- 3.13 Chart 1 shows the prevalence of overweight (including obese) across Kent and Medway for reception children 2016/17 compared with England as the benchmark.

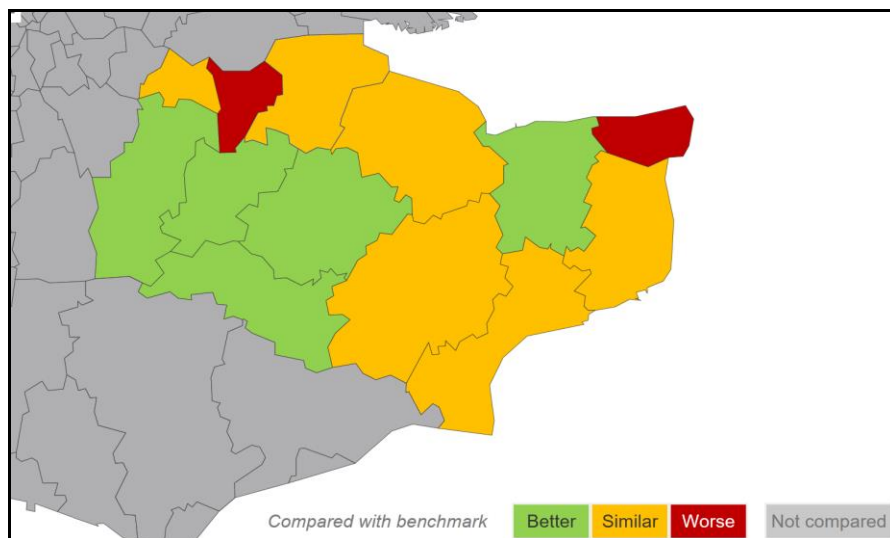
Chart 1: Prevalence of overweight (including obese across Kent and Medway for reception children 2016/17 benchmarked against England



Source: PHE Fingertips NCMP and child obesity profile (<http://fingertips.phe.org.uk>)

- 3.14 Chart 2 shows the prevalence of overweight (including obese) across Kent and Medway for year six pupils 2016/17 compared with England as the benchmark.

Chart 2: Prevalence of overweight (including obese) across Kent and Medway for year 6 pupils 2016/17 benchmarked against England



Source: PHE Fingertips NCMP and child obesity profile (<http://fingertips.phe.org.uk>)

- 3.15 There are also increasing levels of excess weight amongst females of reproductive age which is impacting on the reproductive and maternal health of individuals. Maternal obesity not only affects the outcomes of pregnancy, it also impacts on the health and well-being of the future child (See Appendix 4).

Adult Overweight and Obesity: National Performance

- 3.16 Nationally, the prevalence of overweight and obesity in adults (16+), as measured by the Health Survey for England, has increased from 52.9% in 1993 to 61.3% in 2009 and the trend has been stable since. Being overweight was more common with over a third of adults (16+) being overweight (35.2%) and over a quarter being obese (26.2%) nationally in 2016.
- 3.17 Nationally, among adults (16+) overweight was higher in men (39.9%) than women (30.5%), obesity levels were similar across men and women (25.7%, 26.6% respectively). However, morbid obesity levels (body mass index of 40 or more) were higher in women (3.8%) than men (1.9%) in 2016.
- 3.18 There is evidence that members of Black, Asian and Minority Ethnic groups are at an increased risk of chronic health conditions at a lower BMI than the white population and nationally among adults (16+), Black (84.9%) and Asian (72.6%) groups were more likely to have body mass index classifications at increased or high risk of diabetes in comparison to White (62.0%) groups as measured by the Health Survey for England 2014.
- 3.19 The prevalence of overweight and obesity among adults (16+) was greater within women living in the most deprived quintile (66.7%) in comparison to the

least deprived quintile (48.3%), as measured by the Health Survey for England in 2016. However, the same pattern was not seen in men.

Adult overweight and obesity: Kent and Medway performance overview

- 3.20 The 'Adults overweight or obese' dashboard (Appendix 2) shows that in Kent 63% of adults (18+) are overweight or obese and in Medway 64.6%. The percentage of adults who were overweight or obese in Kent increased from 2015/16 to 2016/17 and is now significantly higher than in England. The rate in Medway was significantly higher than England in 2015/16 and has fallen in 2016/17, it is now not significantly different to England. Note that the confidence intervals for Medway are wider than for Kent. The trends for districts in Kent and Medway can be seen in the Adult Overweight and Obese Dashboard in Appendix 2.
- 3.21 The dashboard shows two Kent districts where the number of adults overweight or obese is less than the rest of England, Canterbury at 54.5% and Tunbridge Wells at 50.0%, compared to England at 61.3%. Swale at 72.7% has the highest level of obesity compared to the England benchmark.

Adult overweight and obesity: Kent performance

- 3.22 In 2016/17, the percentage of adults (18+) classified as overweight or obese based on the Active Lives survey was 63.0% for Kent, which is higher than the national figure and ranks 11th amongst the 16 statistical neighbours.
- 3.23 The percentage of adults (18+) classified as overweight or obese based on the Active Lives survey is high across many of the Kent districts in 2016/17 (Appendix 3 Table 6). The prevalence of overweight and obesity in Maidstone and Swale were higher than the Kent figure in 2016/17. Prevalence of overweight and obesity in Canterbury and Tunbridge Wells were lower than the Kent figure in 2016/17 (See Appendix 3, Table 7).

Adult overweight and obese: Medway performance

- 3.24 The most recent data for Medway (2016/17) indicates that 64.6% of Medway adults are overweight or obese, which is slightly higher than the national average (England: 61.3%). This indicator is based on self-reported measures of height and weight, which may be less accurate than measured data. As with childhood obesity/overweight, prevalence is associated with deprivation and is generally higher among males and older people. Detailed information for Medway is set out at a locality level in the JSNA which is currently being refreshed.

Tier 4 Bariatric surgery

- 3.25 Nationally, admissions for bariatric surgery, as analysed from Hospital Episode Statistics, have decreased from 16.9 in 2011/12 to 12.2 per 100,000 resident population in 2016/17. The same has been observed across Kent decreasing from 17.6 in 2011/12 to 11.2 per 100,000 resident population in 2016/17. In Medway the rate has remained statistically stable moving from

19.3 in 2011/12 to 18.9 per 100,000 resident population in 2016/17 (See Appendix 5).

Services and Interventions: Kent

Child overweight and obesity interventions

- 3.26 Universal healthy weight interventions for 0-5s are provided by the Health Visiting Service. This offer is developing and includes health promotion messages given at the 5 mandated contacts, information and support on infant feeding including introduction to solids, portion size and at other opportunities where they arise.
- 3.27 There is a growing evidence base developing regarding programmes such as the Healthy Eating in the Really Young (HENRY) programme which is being piloted in Kent. HENRY is a programme commissioned to support families to live healthy lifestyles in the early years. The programme focuses on a number of elements including parenting, family lifestyle habits, nutrition, activity and emotional wellbeing.
- 3.28 At primary school age, the School Health Service, supported by Children's Centres and Youth Hubs, offers support to schools to promote healthy school environments and increase children's knowledge about healthy lifestyles. The School Health Service also delivers a 1:1 package of care with families, using goal setting techniques to change behaviours. This is offered to children identified through the NCMP programme and through professional or self-referral. Despite an offer, the take up is very low.

Tier 2 Family Weight Management

- 3.29 Family weight management services are commissioned by Kent County Council to provide support to help children with families with a body mass index above the 91st UK National BMI centile for clinical assessment, typically for children aged 7 to 11 years. These are multi-component programmes, delivered across Kent; that address dietary intake, physical activity levels and behaviour change. The programmes deliver between 10-12 weekly or fortnightly group sessions over a period of at least 3 months.
- 3.30 In 2017/18, Tier 2 family lifestyle weight management services had 120 engagers. The percentage completing was 83.3%, achieving the target of 60%. In total, 75 child completers reduced or maintained their BMI z-score (See Appendix 3, Table 8).
- 3.31 A further analysis has been completed for a sample of referrals and initial assessments between 1 April 2016 and 31 December 2017. Generally, there was good equity of access. Children attending the family weight management services had similar outcomes regardless of age, sex and ethnic group. But, children resident in the most deprived decile were less likely to complete the full course of sessions. Overweight children were more likely to complete the full course and had better outcomes than children who were obese at the start.

- 3.32 Further information on Healthy Weight services for children and young people in Kent can be found in Appendix 6.

Tier 2 Adult Lifestyle Weight Management – One You

- 3.33 The adult lifestyle weight management services (Tier 2) are commissioned by Kent County Council to provide support to help adults to achieve long term weight loss and behavioural change. These are multi-component programmes, delivered across Kent; that address dietary intake, physical activity levels and behaviour change. The programmes deliver between 10-12 weekly or fortnightly group sessions over a period of at least 3 months.
- 3.34 One You makes connections between weight loss/maintenance and other lifestyle issues, such as money saving, to strengthen lifestyle change motivations. Service Users can learn about different healthy weight and exercise referral programmes available to them in their area. (Appendix 3, Table 9 shows outcomes from the One You social marketing campaign)
- 3.35 In 2017/18, Tier 2 adult lifestyle weight management services had 1,400 referrals. The percentage of engagers completing was 72.7%, achieving the target of 60%. In total, 650 completers lost weight, with 22.2% achieving a 5% weight loss (Appendix 3, Table 10).
- 3.36 A further analysis has been completed for a sample of referrals and initial assessments between 1 April 2015 and 30 September 2016. Access was consistent regardless of residence in areas of deprivation, suggesting services sufficiently target those with greater need. Men and the older age groups had lower access despite evidence for higher need. Outcomes suggested that younger groups and those resident in areas of deprivation were less likely to engage with services and complete the programme. There was also evidence for lower weight loss success despite good engagement within those aged 35-64 years and ethnic minority groups. Men did show higher weight loss success.

Services and interventions: Medway

- 3.37 Medway Council likewise provide a wide range of obesity prevention and treatment interventions. This includes front line services such as weight management services, physical activity and cookery sessions. There are also policy level interventions including, use of planning to create healthy environments and training of volunteers and professionals on obesity topics.
- 3.38 The Medway Joint Strategic Needs Assessment (JSNA) obesity chapter provides a wealth of data about obesity prevalence in Medway. The chapter is being updated and due to be published online early in December 2018. For Medway, the JSNA references the higher rates of childhood obesity found within more deprived wards, as measured by the NCMP.
- 3.39 The Medway JSNA concludes with recommendations for commissioners to explore commissioning more targeted weight management support interventions such as Tier 3 children and young people services. It also

recommends targeted support for women above a healthy weight at the perinatal period of their lives.

Child healthy weight services

- 3.40 Medway provide a wide range of family and childhood weight management services including the 'Tri For You' programme. This 12 week family-centred support package includes cookery skills, activity opportunities and home pack/self support.
- 3.41 In addition the Council offers a wide range of indoor and outdoor leisure and green space opportunities. Work between Public Health, planning and other Regeneration, Culture, Environment and Transformation (RCET) services is underway to create a healthier environment, that allows children to be more active and eat healthier food.

Adult health weight services

- 3.42 There is a range of services designed to meet different needs. Some are structured programmes over a number of weeks and months with strict eligibility criteria and others are volunteer-led such as Medway Health Walks and Active Medway cycling groups.
- 3.43 The structured programmes involve intensive support from trained practitioners to help people lose weight, be more active, understand risk and improve their wellbeing.

Medway Public Health services contacts

- 3.44 The number of people accessing related Public Health Services in 2016/17 is shown in Appendix 3, Table 11.
- 3.45 Medway conducted a large community consultation in 2016 to understand residents' views, about their priorities for the Medway Healthy Weight Network. The results were compared against those of the network members who also offered their opinions on priority areas.
- 3.46 As a result of a relatively low uptake of males participating in the survey in 2016, the survey was repeated in 2017 specifically targeting men. The survey was specifically taken into locations that were more commonly frequented by males. Some elements of the collective results of this consultation are set out in the bullet points below. Outcomes from the consultation demonstrated that these should form key priorities for action.
- People felt PE and sport in schools were most important for children
 - People who were overweight should be provided with opportunities to be active as part of routine healthcare treatment
 - A prevention strategy is best conducted through workplace health initiatives
 - Teaching people how to cook healthy meals was the most common intervention for healthy eating category
 - Weight management services are an integral part of the obesity system.

The challenge

- 3.47 National and local analysis demonstrates that there is a strong relationship between obesity and multimorbidity, independently of age, gender and residence in areas of deprivation. Multimorbidity is described as the co-occurrence of multiple long-term conditions and has been associated with impact on quality of life, higher mortality and higher unplanned care use. As an example, across Kent the age-standardised prevalence of multimorbidity in normal weight was 29.5% rising to 38.6% in overweight and 65.9% in obesity in 2017/18.
- 3.48 Nationally, hospital admissions where obesity is a factor have increased from 524.9 in 2011/12 to 1138.8 per 100,000 resident population in 2016/17. The same has been observed across Kent increasing from 267.3 in 2011/12 to 946.9 per 100,000 resident population in 2016/17. Medway has increased from 372.2 to 1599.6 per 100,000 resident population moving from position statistically better than England in 2011/12 to a position statistically worse than England in 2016/17. Although, Kent has seen a greater increase in the latest year, the overall pace of change is similar across Kent and England.(See Appendix 3, Table 12)
- 3.49 As has been demonstrated in this report there are a wide range of Tier 1 and Tier 2 services which are available and promoted to Kent and Medway residents. Whilst increased funding would enable the reach of these services to be broadened, the more pressing need is for a focus on Tier 3 services. There is a need for greater access to medical, multidisciplinary, multicomponent, weight management services for obese patients requiring specialised management.
- 3.50 For adults, 82% of adults receiving Tier 3 services are estimated to lose 5% of their body weight over a year and 24% to lose 10% of initial body weight, lowering their risk of diabetes and heart disease.
- 3.51 There are no services in place across Kent and Medway to support 5-19 year olds who are eligible for this service. Evaluations of Tier 3 services have demonstrated a significant reduction in weight (BMI z-score) that was sustained over the two years of follow up. Evidence suggests multi disciplinary teams with a psychosocial element are important elements of the service.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to reduce obesity levels	Failure to reduce obesity levels will result in increased morbidity and mortality in the Kent and Medway population. It will also result in increasing health inequalities and impact on life expectancy and healthy life expectancy. Treating and caring for obese people will have a major impact on NHS and social care systems in the short, medium and long term. High obesity prevalence has the potential for wider societal costs. These include work (productivity) and wider economy, as the evidence suggests that people above a healthy weight and/or suffering ill health have more sick days and days from work than average and suffer more mental ill health.	Range of interventions to tackle obesity from different perspectives.	C2
No reduction in excess maternal weight	Increased costs to health services across the stages: antenatal, delivery and postnatal. Excess maternal weight also affects the health and wellbeing of the future child and their propensity to obesity.	Maternal weight and height measurements planned to take place during the first 12 weeks of pregnancy. These are a vital component in the overall care and management of pregnant women and pregnancy outcomes.	C2
No change in the proportion of pregnant women with excess weight	Increase in prevalence of gestational diabetes and increased risk of subsequently developing type 2 diabetes with ongoing social care, health care and economic costs.	Range of interventions to support pregnant women to make choices which support a healthy lifestyle.	C2

Lack of Tier 3 provision	Increased morbidity and disease and costs associated with treating morbidity obese individuals (type 2 diabetes, cancer, musculoskeletal issues).		B2
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5. Financial implications

5.1 There are no financial implications arising directly from this report.

6. Legal implications

6.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012

6.2 The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focusing on prevention, local care and wellbeing across Kent and Medway.

6.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

7. Recommendation

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider the report and consider how best to facilitate delivery of Tier 3 specialist weight management services.

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Appendices

Appendix 1: Obesity in children aged 10 -11 dashboard

Appendix 2: Adult overweight and obesity dashboard

Appendix 3 Tables

Appendix 4: Maternal weight and child obesity

Appendix 5: Tier 4 Bariatric surgery

Appendix 6: Health Weight Services for Children and Young People in Kent

Appendix 7: Tier 3 Specialist weight management

Background papers

Health Lives, Healthy People: A Call to Action on Obesity in England

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

Public Health Outcomes Framework

<https://www.gov.uk/government/statistics/public-health-outcomes-framework-may-2018-data-update>

Making obesity everybody's business: A whole systems approach to obesity

<https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

Foresight Tackling Obesities: Future Choices – Obesities System Atlas

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295153/07-1177-obesity-system-atlas.pdf [Accessed 26 November 2018]

https://www.henry.org.uk/sites/www.henry.org.uk/files/2017-12/6.The_impact_of_HENRY_on_parenting_and_family_lifestyle-A_national_service_evaluation_%282016%29.pdf

PHE [2018] Health of women before and during pregnancy- demographic and risk factor investigation tool <https://www.gov.uk/government/publications/preconception-care-making-the-case>

<https://www.nice.org.uk/guidance/ph11/chapter/4-Recommendations>

<https://www.gov.uk/government/case-studies/health-exercise-nutrition-for-the-really-young-henry>

NICE (2013), *Weight management: lifestyle services for overweight or obese children and young people*. Available at <https://www.nice.org.uk/guidance/ph47>. Accessed 7 November 2018

Sutcliffe K, Burchett H, Rees R, Melendez-Torres GJ, Stansfield C, Thomas J (2016), *What are the critical features of successful Tier 2 lifestyle weight management programmes for children aged 0-11 years? A systematic review to identify the programme characteristics, and combinations of characteristics, that are associated with successful outcomes*. London: EPPI Centre, Social Science Research Unit, Institute of Education, University College London.

Appendices

Appendix 1 Obesity in Children aged 10 -11 (%)

Obesity in children aged 10-11 (%)

Prevalence of obesity (including severe obesity, BMI greater than or equal to the 95th centile of the UK90 growth reference) among children in Year 6 (age 10-11 years)

	2006/07	2016/17	Rate	Number	Target rate	Target number	Reduction
Medway			21.0	634	15.0	453	181
Ashford			18.4	249	15.0	203	46
Canterbury			17.0	233	15.0	206	27
Dartford			21.9	262	15.0	179	83
Dover			20.5	213	15.0	156	57
Gravesham			23.2	287	15.0	186	101
Maidstone			16.4	266	15.0	243	23
Sevenoaks			15.8	186	15.0	177	9
Folkestone & Hythe			20.8	219	15.0	158	61
Swale			19.8	305	15.0	231	74
Thanet			21.2	317	15.0	224	93
Tonbridge and Malling			14.7	194	14.7	194	0
Tunbridge Wells			12.5	133	12.5	133	0
Kent			18.5	2,864	15.0	2,322	542
England			20.0	111,169	15.0	83,377	27,792

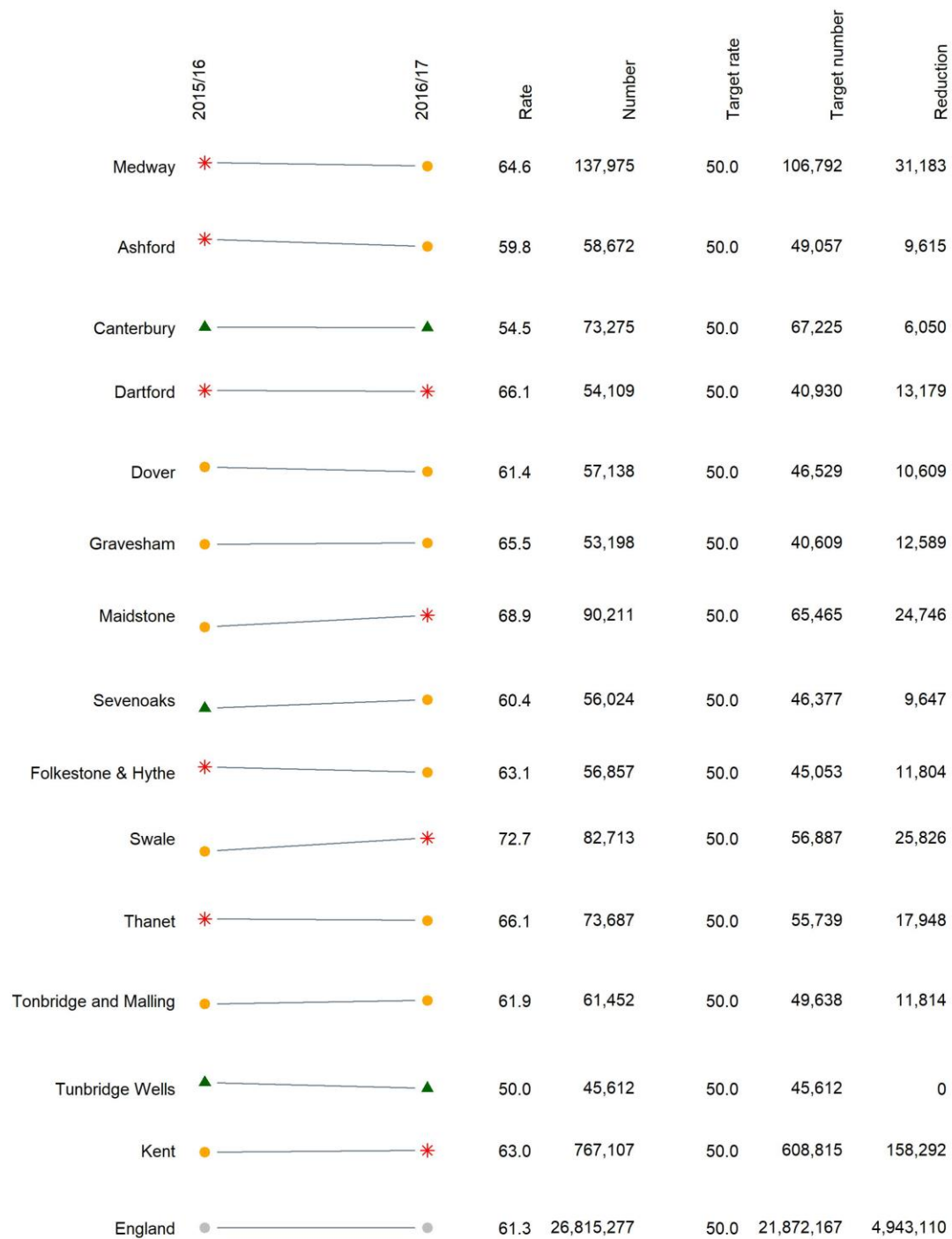
Comparison with England
 Similar Worse Better

Produced by Medway Public Health Intelligence Team (2018-11-21)
 Source: Fingertips, Public Health England (<https://fingertips.phe.org.uk>)

Appendix 2 Adults overweight or obese

Adults overweight or obese (%)

Percentage of adults aged 18 and over classified as overweight or obese



Comparison with England
 ● Similar * Worse ▲ Better

Produced by Medway Public Health Intelligence Team (2018-11-21)
 Source: Fingertips, Public Health England (<https://fingertips.phe.org.uk>)

Appendix 3: Tables

Key:

RAG Ratings

(g) GREEN	Higher
(a) AMBER	Similar
(r) RED	Lower

Trend significance

↑	increasing
↓	decreasing
↔	remained the same

Table 1: Change4Life Sugar Smart 2016

Change4Life Sugar Smart 2016		
Key Indicator	Kent	National
No. total registrations	1,800	58,000
Registrations as a percentage of families with youngest child aged under 10	1.6% (g)	1.4%
No. total individuals sent at least one email	4,200	138,900
One email opened as a percentage of individuals	3,600 84.3% (a)	117,800 84.8%
Three emails opened as a percentage of individuals	1,700 40.6% (a)	55,700 40.1%
Percentage of individuals clicking on at least one content link	1,000 23.1% (a)	31,200 22.4%

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 2: Percentage of reception year pupils classified as overweight or obese

	2010/11	2016/17	2017/18	Difference from 2016/17*	Trend since 2010/11 significance**	Nearest neighbour rank***
Kent	3,500 23.0 (a)	4,300 24.4 (r)	3,400 20.7 (g)	- 3.7	↔	4th
National	22.6	22.6	22.4	- 0.2	↔	

Source: NHS Digital, NCMP produced by KPHO (ZC) November 2018

Table 3: Percentage of year six pupils classified as overweight or obese

	2010/11	2016/17	2017/18	Difference from 2016/17*	Trend since 2010/11 significance**	Nearest neighbour rank***
Kent	4,700 33.3 (a)	5,100 32.8 (g)	5,400 33.2 (g)	+ 0.4	↔	15th
National	33.4	34.2	34.3	+ 0.1	↔	

Source: NHS Digital, NCMP produced by KPHO (ZC) November 2018

Table 4: Percentage of reception year pupils classified as overweight or obese

Percentage of reception year pupils classified as overweight or obese						
	2010/11	2016/17	2017/18	Difference from 2016/17*	Trend since 2010/11 significance**	Nearest neighbour rank***
Ashford	270 21.1 (a)	400 25.7 (a)	310 21.0 (a)	- 4.7	↔	7th
Canterbury	290 20.9 (a)	290 19.5 (g)	270 20.2 (a)	+ 0.7	↔	3rd
Dartford	270 23.9 (a)	370 24.9 (a)	320 23.3 (r)	- 1.6	↔	11th
Dover	230 23.2 (a)	300 25.6 (a)	270 23.5 (r)	- 2.1	↔	6th
Folkestone & Hythe	230 22.2 (a)	280 24.8 (a)	250 22.9 (a)	- 1.9	↔	8th
Gravesham	290 24.2 (a)	390 28.0 (r)	280 21.8 (a)	- 6.1	↔	5th
Maidstone	350 22.7 (a)	470 23.9 (a)	330 17.5 (g)	- 6.4	↔	2nd
Sevenoaks	240 20.5 (g)	340 25.5 (a)	230 19.0 (g)	- 6.4	↔	10th
Swale	330 22.4 (a)	380 21.0 (g)	400 23.8 (r)	+ 2.9	↔	7th
Thanet	330 23.0 (a)	430 26.7 (r)	330 22.2 (a)	- 4.5	↔	2nd
Tonbridge & Malling	380 29.1 (r)	350 23.5 (a)	240 16.6 (g)	- 6.9	↓	2nd
Tunbridge Wells	260 23.0 (a)	310 25.0 (a)	170 16.4 (g)	- 8.5	↓	1st
Kent	23.0	24.4	20.7	- 3.7	↔	

Source: NHS Digital, NCMP produced by KPHO (ZC) November 2018

Table 5: Percentage of year six pupils classified as overweight or obese

Percentage of year six pupils classified as overweight or obese						
	2010/11	2016/17	2017/18	Difference from 2016/17*	Trend since 2010/11 significance**	Nearest neighbour rank***
Ashford	430 34.6 (a)	440 32.2 (a)	450 32.0 (a)	- 0.2	↔	9th
Canterbury	330 28.1 (g)	430 31.4 (a)	440 32.2 (a)	+ 0.7	↔	7th
Dartford	370 36.5 (r)	440 36.9 (r)	490 38.0 (r)	+ 1.1	↔	16th
Dover	370 36.8 (r)	360 34.6 (a)	390 34.9 (a)	+ 0.3	↔	10th

Percentage of year six pupils classified as overweight or obese						
	2010/11	2016/17	2017/18	Difference from 2016/17*	Trend since 2010/11 significance**	Nearest neighbour rank***
Folkestone & Hythe	370 35.3 (a)	380 35.9 (r)	350 32.8 (a)	- 3.2	↔	6th
Gravesham	370 33.5 (a)	470 38.3 (r)	490 37.5 (r)	- 0.9	↑	15th
Maidstone	500 32.1 (a)	510 31.7 (a)	570 32.8 (a)	+ 1.2	↔	14th
Sevenoaks	310 30.7 (a)	330 27.8 (g)	340 27.6 (g)	- 0.2	↓	10th
Swale	450 31.5 (a)	500 32.6 (a)	570 35.2 (a)	+ 2.6	↔	12th
Thanet	490 35.9 (a)	560 37.1 (r)	570 38.6 (r)	+ 1.5	↑	16th
Tonbridge & Malling	400 33.1 (a)	390 29.1 (g)	420 29.1 (g)	0.0	↓	9th
Tunbridge Wells	310 31.7 (a)	280 26.1 (g)	320 26.9 (g)	+ 0.9	↓	5th
Kent	33.3	32.8	33.2	+ 0.4	↔	

Source: NHS Digital, NCMP produced by KPHO (ZC) November 2018

Table 6: Percentage of adults (18+) classified as overweight or obese

	2015/16	2016/17	Difference from 2015/16*	Year change significance**	Nearest neighbour rank***
Kent	734,000 61.4 (a)	761,000 63.0 (r)	+ 1.6	↔	11th
National	61.3	61.3	0.0	↔	

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 7: Percentage of adults (18+) classified as overweight or obese

Percentage of adults (18+) classified as overweight or obese					
	2015/16	2016/17	Difference from 2015/16*	Year change significance**	Nearest neighbour rank***
Ashford	64,000 67.1 (r)	58,000 59.8 (a)	- 7.3	↓	3rd
Canterbury	72,000 55.0 (g)	73,000 54.5 (g)	- 0.5	↔	1st
Dartford	53,000 67.0 (r)	53,000 66.1 (a)	- 1.0	↔	15th
Dover	60,000 66.0 (a)	56,000 61.4 (a)	- 4.6	↔	7th

Percentage of adults (18+) classified as overweight or obese					
	2015/16	2016/17	Difference from 2015/16*	Year change significance**	Nearest neighbour rank***
Folkestone & Hythe	61,000 68.4 (r)	57,000 63.1 (a)	- 5.3	↔	9th
Gravesham	53,000 64.5 (a)	54,000 65.5 (a)	+ 1.0	↔	10th
Maidstone	74,000 57.5 (a)	90,000 68.9 (r)	+ 11.4	↑	16th
Sevenoaks	48,000 52.0 (g)	56,000 60.4 (a)	+ 8.4	↑	13th
Swale	66,000 59.9 (a)	82,000 72.7 (r)	+ 12.8	↑	14th
Thanet	74,000 67.5 (r)	73,000 66.1 (a)	- 1.4	↔	9th
Tonbridge & Malling	56,000 58.4 (a)	61,000 61.9 (a)	+ 3.5	↔	8th
Tunbridge Wells	50,000 55.6 (g)	45,000 50.0 (g)	- 5.6	↔	1st
Kent	61.4	63.0	+ 1.6	↔	

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 8: Kent Family weight management service

Family weight management		
Key Indicator	2017/18	Target
No. of engagers (attending 2 sessions)	120	
No. of completers (attending 60% of sessions)	100	
Percentage of engagers completing	83.3% (g)	60%
Percentage of completers reducing or maintaining their BMI z-score at 10/12 weeks	75 75.0%	

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 9: One You 2016 social marketing programme

One You 2016		
Key Indicator	Kent	National
No. total registrations	18,700	629,900
Registrations as a rate per 1,000 population aged 18 and over	15.5 (g)	14.5
No. emails sent	270,100	9,389,500
At least one email opened as a percentage of sent	77,100 28.5% (g)	2,591,600 27.6%
Percentage of emails opened clicked through to access content	14,300 18.5% (a)	485,100 18.7%
No. completing 2+ How are You? quizzes	2,300	73,800
Percentage of 2+ quizzes with better outcomes	700 29.7% (a)	21,400 29.0%

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 10: Kent adult lifestyle weight management

Adult lifestyle weight management		
Key Indicator	2017/18	Target
No. referred into services	1,400	
No. of engagers (attending 2 sessions)	990	
No. of completers (attending 60% of sessions)	720	
Percentage of engagers completing	72.7% (g)	60%
No. of completers who have lost weight at 10/12 weeks	650	
Percentage of completers achieving 5% weight loss or greater at 10/12 weeks	160 22.2%	30%

Source: Public Health Obesity produced by KPHO (ZC) November 2018

Table 11: Medway Public Health services contacts 2016/17

Activity	2016/17 attendance	Activity	2016/17 attendance
Medway Health Walks	2,128	Medway Cooks courses and workshops	101
Exercise Referral	800	Little Chefs	159
Healthy Way: Diabetes Prevention Programme	786	Tri for You/MEND Programme	98
Medway Breastfeeding Network	413	FitFix Teenage Weight Management Programme	41
Tipping the Balance	380	Start4Life and Change4Life 1-1Clubs	26
Active Medway Cycling Groups	293	Nordic Walking	26
Little Food Explorers	270		

Table 12: Age standardised rate for obesity admissions per 100,000 resident population

	2011/12	2015/16	2016/17	Difference from 2015/16*	Trend since 2011/12 significance**
Kent	3,800 267.3 (g)	10,500 707.7 (g)	14,300 946.9 (g)	+ 239.2	↑
Medway	900 372.2 (g)	3,600 1401.6 (r)	4,200 1599.6 (r)	+ 198.0	↑
National	524.9	980.1	1138.8	+ 158.7	↑

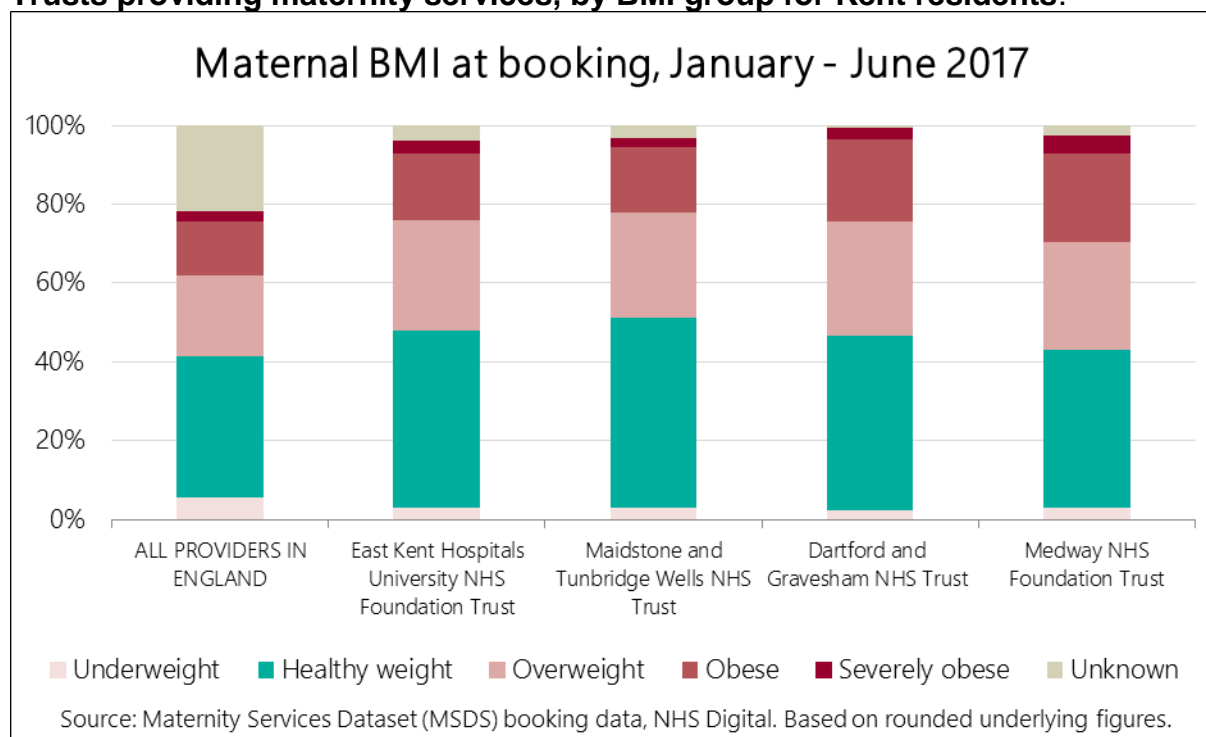
Source: NHS Digital, HES produced by KPHO (ZC) November 2018

Appendix 4

1. Maternal Weight and child obesity

- There are increasing levels of excess weight amongst females of reproductive age which is impacting on the reproductive and maternal health of individuals. Maternal obesity not only affects the outcomes of pregnancy, it also impacts on the health and well-being of the future child.^{vi}The maternal weight and height measurements which should take place during the first 12 weeks of pregnancy and usually by the time of the booking appointment are therefore a vital component in the overall care and management of pregnant women and pregnancy outcomes. Approximately 1 in 12 pregnant women resident in Kent and 1 in 10 resident in Medway attended services after 12 weeks in the first 6 months of 2017 which will potentially impact upon the BMI calculated.
- Body mass often increases with age and therefore age is identified as a risk factor in terms of maternal weight. That said, the maternal age at booking shows Maidstone and Tunbridge Wells (MTW) NHS Trust have provided more services for older pregnant women, compared to England and other trusts in Kent and Medway but not corresponding expected excess weights.
- Graph 1 below, shows the maternal BMI recorded at booking January – June 2017 across the maternity service amongst Kent residents.

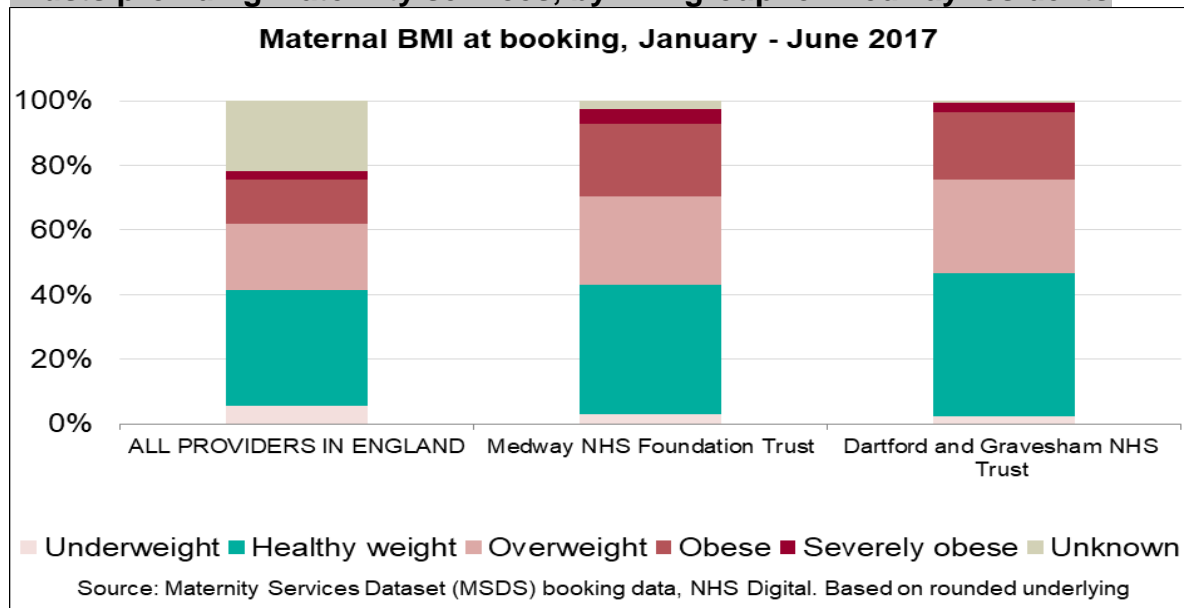
Graph 1: Proportion of persons at time of booking Kent and Medway NHS Trusts providing maternity services, by BMI group for Kent residents.



Source: PHE^{vi}

- Graph 2 below, shows the maternal BMI recorded at booking January – June 2017 across the maternity service amongst Medway residents.

Graph 2: Proportion of persons at time of booking Kent and Medway NHS Trusts providing maternity services, by BMI group for Medway residents



Source: PHE^{vii}

- One of the risk factors for gestational diabetes is excess weight. Glucose tolerance testing is undertaken to monitor this during pregnancy. Those detected with gestational diabetes are at subsequent risk of developing type 2 diabetes.

Appendix 5: Tier 4 Bariatric Surgery

- Nationally, admissions for bariatric surgery, as analysed from Hospital Episode Statistics, have decreased from 16.9 in 2011/12 to 12.2 per 100,000 resident population in 2016/17. The same has been observed across Kent decreasing from 17.6 in 2011/12 to 11.2 per 100,000 resident population in 2016/17.
- In 2016/17, the age standardised rate for admissions for bariatric surgery for Kent was like the national figure.

Age standardised rate for bariatric surgery per 100,000 resident population					
	2011/12	2015/16	2016/17	Difference from 2015/16*	Trend since 2011/12 significance**
Kent	250 17.6 (a)	190 12.8 (a)	170 11.2 (a)	- 1.6	↓
National	16.9	11.8	12.2	+ 0.4	↓

- Admissions for bariatric surgery were higher in women (73.7%) than men (26.3%), the same pattern was observed nationally in 2016/17. It is important to note that the prevalence of morbid obesity is higher in women.
- Most admissions for bariatric surgery (74.3%) were for those aged between 35 and 64, the same pattern was observed nationally in 2016/17.
- For the period 2014/15-2016/17, the Kent age standardised rate for admissions for bariatric surgery was higher within those living in the most deprived decile (18.8 per 100,000 resident population) in comparison to the least deprived decile (5.5 per 100,000 resident population). The same pattern was observed nationally. It is important to note the known inequality gradient in the prevalence of obesity. There is national and local evidence to suggest that service delivery is below the level needed.
- The aged standardised rate for bariatric surgery per 100,000 resident population for Medway has shown no significant trend upward or downward since 2011/12. The rate in 2016/17 statistically significantly higher than the national rate.

Age standardised rate for bariatric surgery per 100,000 resident population					
	2011/12	2015/16	2016/17	Difference from 2015/16*	Trend since 2011/12 significance**
Medway	50 19.3 (a)	70 25.9 (r)	50 18.9 (r)	- 7.1	↔
National	16.9	11.8	12.2	+ 0.4	↓

Appendix 6: Healthy Weight Services for Children and Young People in Kent

Age Group	Level of Support	Services
0-5s	Universal	<p>The Health Visiting Service is the lead for delivering the healthy child programme, a programme of universal and targeted interventions of health promotion and prevention, to 0-5-year olds. The service provides 5 mandated contacts; antenatal, 10-14 days, 6-8 weeks, 10-12 months and 2-2 ½ years. Health visiting has six areas where it has been identified that they can have the highest impact, one of these areas is healthy weight.</p> <p>The key interventions they provide are:</p> <ul style="list-style-type: none"> • Support for breastfeeding, the evidence tells us that being breastfed reduces the risk of a child becoming obese. This is delivered by the whole workforce, and where there are specific issues which requires support the infant feeding service hosted within the service. • Support for formula feeding. Under the UNICEF baby friendly initiative, the Health Visiting service provide advice on safe and responsive bottle feeding. • Support for introducing solid food. The health visiting service provide open access support for families, where they are able to access support about introducing solid foods. This is an important time to be given advice to ensure that healthy eating habits are instilled early and that there is an understanding of appropriate portion sizes. The service has recently delivered open access information sessions focused on the needs of parents of children aged 3-4 months. One of these sessions is introducing solid foods and where possible is delivered by health visitors in conjunction with children centres. These are new sessions and will be evaluated to assess their impact. <p>Children's Centres provide a variety of support across the County to support healthy lifestyles in ages up to 8. This includes supporting the change for life campaigns and delivering associated events. All areas now have food champions trained by KCHFT who deliver healthy eating sessions across Kent. The service also supports the delivery of the introduction of solid food sessions.</p> <p>Children's Centres have policies in place to ensure they are health promoting environments.</p>
	Targeted	<p>Health Visitor Brief interventions. It is recommended that healthy babies are weighed at 6 key points in their first year^{viii} and following that as part of their 2 2 ½ year review. When a baby is weighed, and it is appropriate, there is an opportunity to undertake a brief intervention with families if there baby is measuring as not being at a healthy weight. The service has developed a healthy weight discussion tool, which is a simple one-page prompt sheet to facilitate a conversation with families about why a child might be not at a healthy weight. Health visitors and nursery nurses have been trained in its use and have the prompts to use in open access clinics and mandated reviews. The family should then be offered a follow up discussion. Where the tool has been used, professionals have reported its benefits.</p>

		<p>Health Visitor Healthy Weight Package of Care. A healthy weight pathway was developed where families who wanted to engage and had a child at an unhealthy weight where lifestyle changes were not made after the above brief intervention were to be offered a 3-4 session intervention with an aim of increasing healthy lifestyles.</p> <p>HENRY – HENRY is a commissioned programme to support families to live healthy lifestyles in the early years. The programme focuses on a number of elements including parenting, family lifestyle habits, nutrition, activity and emotional wellbeing. The intervention can work at a number of levels including equipping whole early years workforces with the skills, knowledge and confidence to discuss with families about their lifestyle issues and/or provide more targeted support through group workshops for those families who need more intensive support. There is evidence that HENRY can be effective in changing lifestyle behaviours for families. The programme is commissioned in 35 local authority areas and a national service evaluation published in 2016^{ix} found that following the targeted 8-week programme parents reported statistically significant increases in the healthiness of family lifestyle, parenting attributes, and emotional wellbeing. There were also reported increase in healthy eating patterns, behaviours, physical activity and screen time. It is inferred that these changes will have an impact on obesity in the longer term. These results seem positive, and where the HENRY approach at a workforce and targeted level has been implemented over 7 years in Leeds City as part of their city-wide obesity strategy, there has been a fall in obesity rates in reception compared to the static pattern across the country. The obesity rates between the least and most deprived has narrowed over the 5 years.^x However, there has been no randomised controlled trial to truly test the effectiveness of the intervention and one is currently underway.</p> <p>HENRY has been provided on a smaller scale in two areas in Kent. It ran at Folkestone Early Years Children’s Centre between January 2016 – April 2017 whilst the Centre was commissioned by an external provider. The local evaluation found that over the 4 programmes that were run 36 children aged 0-5 were reached. There was retention of 96% of the programme, with 100% of respondents feeling good or great about the programme. The numbers completing the evaluation were small, however, from this small sample 88% of programme respondents improved the overall healthiness of their family lifestyle. There was a positive change across the other outcomes measured.</p>
5-11	Universal	<p>The School Public Health service lead the delivery of the healthy child programme up to the age of 19. They support schools to develop whole school approaches to health and wellbeing and deliver targeted interventions through packages of care, including for healthy weight. This would include publicising the change for life resources and the PHSE curriculum resources to schools.</p> <p>The service carries out the national child measurement screening programme. The results are provided to each child who took part by letter. All children regardless of their result receive signposting to the change for life resources for support around adopting healthy lifestyles.</p> <p>Both Children’s Centres and Youth Hubs have policies to ensure they are health promoting environments. Some Youth Hubs have implemented an energy drink ban on the premises to support specific action.</p>

		The Children's Centre offer for 5-8s is the same as 0-5s. For the 9-11 offer youth hubs also promote change for life resources																		
	Targeted	<p>The School Health Service provide a short-term 1:1 package of care for healthy lifestyles where a young person has been identified as being at an unhealthy weight. Families and professionals can refer into the school public health service. The package of care is comprised of 6 sessions, including goal setting and including information on healthy eating, physical activity, triggers and sleep. This offer is being evaluated, as although based on evidence-based principles it does not offer the full NICE recommended model for children who are at an unhealthy weight^{xi} or the key elements (group sessions and practical work) that has been identified being associated with models that have achieved changes in behaviours.^{xii} Following the NCMP, the School Public Health Team contact all parents of children in year R who have measured as very overweight and year 6 children measured as very overweight in target schools^{xiii} Those undertaking the proactive phone call offer every parent a package of care and if this is not taken up, the families are signposted to change for life resources for healthy lifestyles. The table below presents the take up of the packages of care following the proactive phonecalls for the 2017/18 NCMP measurements.</p> <table border="1" data-bbox="464 981 1436 1579"> <thead> <tr> <th data-bbox="464 981 788 1077"></th> <th data-bbox="788 981 1112 1077">Year R</th> <th data-bbox="1112 981 1436 1077">Year 6</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1077 788 1182">Proactive phone calls made</td> <td data-bbox="788 1077 1112 1182">767</td> <td data-bbox="1112 1077 1436 1182">700</td> </tr> <tr> <td data-bbox="464 1182 788 1288">Families spoken to</td> <td data-bbox="788 1182 1112 1288">179</td> <td data-bbox="1112 1182 1436 1288">299</td> </tr> <tr> <td data-bbox="464 1288 788 1393">Families signposted to support</td> <td data-bbox="788 1288 1112 1393">122</td> <td data-bbox="1112 1288 1436 1393">251</td> </tr> <tr> <td data-bbox="464 1393 788 1498">No answer/wrong number</td> <td data-bbox="788 1393 1112 1498">321</td> <td data-bbox="1112 1393 1436 1498">401</td> </tr> <tr> <td data-bbox="464 1498 788 1579">Packages of care accepted (Kent)</td> <td data-bbox="788 1498 1112 1579">16</td> <td data-bbox="1112 1498 1436 1579">64</td> </tr> </tbody> </table> <p>This shows that the uptake is proportionally low. The uptake amongst year 6 (9%) families was higher than year R (2%). The comments of parents are recorded following the phone call and although a very small minority are upset by the conversations as they do not believe their child to be overweight, the majority are positive, with responses ranging from families recognising they need to make a change but wish to do this in their own way or particularly for year R children parents believe that they will grow out of it. This highlights a gap in knowing how to effectively engage parents, to both recognise the child's unhealthy weight and engage them with efforts to change behaviours.</p> <p>NICE guidance recommends the provision of Family Weight Management Services.^{xiv} These services are provided to families where a child is</p>		Year R	Year 6	Proactive phone calls made	767	700	Families spoken to	179	299	Families signposted to support	122	251	No answer/wrong number	321	401	Packages of care accepted (Kent)	16	64
	Year R	Year 6																		
Proactive phone calls made	767	700																		
Families spoken to	179	299																		
Families signposted to support	122	251																		
No answer/wrong number	321	401																		
Packages of care accepted (Kent)	16	64																		

already overweight. The key components of this system are:

- Use behaviour change techniques to increase motivation and confidence
- Support positive parenting
- Emphasise the importance of all family members to eat healthily and to be physically active, regardless of their weight.
- Information and help to master skills in, for example, how to interpret nutritional labelling and how to modify culturally appropriate recipes on a budget.
- Help to identify opportunities to become less sedentary and to build physical activity into their daily life (for example, by walking to school and through active play)
- Introduce a range of physical activities (such as games, dancing and aerobics) that the children or young people enjoy and that can help them gradually become more active

Until recently family weight management services were provided across Kent. In West Kent, these were provided by the District Councils and in East Kent by Kent Community Health Foundation Trust. However, these are no longer provided consistently across Kent. The service is no longer provided in East Kent, as the family weight management service struggled to engage families and when the adult's healthy lifestyle service was recommissioned the funding was absorbed into the adult's service. In West Kent, Maidstone have recently commissioned a new provider to deliver a family weight management service to 5-16-year olds. Tunbridge Wells, Tonbridge and Malling and Sevenoaks provide a service on a 1:1 basis when they receive a referral. Only a handful of families are accessing the 1:1 service. Funding is still provided to the Districts for this but is held within the adults budget for healthy lifestyles. In Dartford and Gravesham, they continue to provide their family weight management service in conjunction with the school nurse offer. See below for details. A review of the outcomes for these services before the changes found:

- 532 records for 21-month period analysed, 308 child referrals and initial assessments were of sufficient quality to analyse
- Majority of referrals and initial assessments for ages 9 to 12 years, white ethnic groups, residents in the most deprived areas and those obese at initial assessment.
- Generally good equity of access – but some evidence for higher prevalence and lower referrals/ initial assessments in those aged 13 to 16 years.
- 72.4% of participants completed. Completion was not significantly associated with age, sex or ethnicity. Lower levels of completion within residents in the most deprived decile and within East Kent. Higher levels of completion from school referrals, those overweight at initial assessment, those resident within North Kent.
- 86.4% of participants achieved body mass index z-score maintenance and 7.1% achieved a reduction. Body mass index z-score change was not significantly associated with age, sex, ethnicity or district of residence. Those referred by health and social care, resident in the least deprived areas or overweight at initial assessment were more likely to have reducing body mass index z-scores. Whereas, those who were obese were more likely to be maintaining their body mass index z-score.

		<p>Nationally, many Local Authority areas are struggling to engage families into family weight management programmes and to achieve positive outcomes.</p> <p>In Dartford and Gravesham, areas with some of the highest levels of childhood obesity, a new approach is being trialled by a partnership of KCC, the District Councils, Kent Community Health Foundation Trust and the University of Kent. In four target schools in both Dartford and Gravesham a programme has been developed which will:</p> <ul style="list-style-type: none"> • Develop healthy lifestyle partnership group in each school • Deliver an 8-session intervention using the 1:1 School Health Package of Care with the group District practical cooking and physical activity interventions. • Recruit participants through the NCMP proactive phonecalls, special assemblies at the school and engagement with the school. <p>The programme will run 2 courses in each school between January 2019 and July 2019.</p> <p>This programme is being evaluated by the University of Kent, As comparator groups they will be evaluating the school health package of care in East Kent and using the reporting data from the commissioned service in Maidstone. The aim of the evaluation is to identify whether this hybrid model using existing resources can increase engagement in the programme and improve healthy lifestyle behaviours in the participating families.</p>
11-19	Universal	<p>School Health offer support about the whole school approach.</p> <p>Youth Hubs offer a range of healthy lifestyles activities across the County and implement policies to ensure the hubs as environments support healthy lifestyles.</p>
	Targeted	<p>There is currently no healthy weight package of care by the School Health Service developed for secondary school aged children. This is being explored with an emphasis on the emotional health angle of weight in adolescence and exploring digital options for intervention. If a referral is made to School Health for healthy weight issues support will be offered.</p> <p>The commissioned family weight management service in Maidstone will provide 1:1 sessions of support to secondary age pupils if referred into the service. There is no service for adolescents in the rest of Kent.</p>
All Ages	Tier 3	<p>Tier 3 weight management services are the responsibility of the CCGs. These provide more intensive interventions by multidisciplinary teams for those children who are obese or severely obese with complex needs. There are no tier 3 service provided in Kent.</p>

Appendix 7: Tier 3 Specialist Weight Management

Prescribing for the treatment of obesity

- Nationally, prescribing for the treatment of obesity, as analysed from electronic Prescription Analysis and Cost data, has decreased from 9.1 in 2014/15 to 6.5 per 1,000 resident population in 2017/18. The same has been observed across Kent decreasing from 8.7 in 2014/15 to 6.5 per 1,000 resident population in 2017/18.
- In 2017/18, the crude rate for obesity prescription items for Kent was lower than the national figure.

Table 13 Crude rate for obesity prescription items per 1000 registered population

Crude rate for obesity prescription items per 1,000 registered population					
	2014/15	2016/17	2017/18	Difference from 2016/17*	Trend since 2014/15 significance**
Kent	13,300 8.7 (r)	11,300 7.2 (r)	10,300 6.5 (r)	- 0.7	↓
National	9.1	7.7	6.8	- 0.9	↓

Source: NHS Business Services Authority, ePACT produced by KPHO (ZC) November 2018

ⁱ Health Lives, Healthy People: A Call to Action on Obesity in England

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

ⁱⁱ Public Health Outcomes Framework

<https://www.gov.uk/government/statistics/public-health-outcomes-framework-may-2018-data-update>

ⁱⁱⁱ Making obesity everybody's business: A whole systems approach to obesity

<https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

^{iv} Foresight Tackling Obesities: Future Choices – Obesities System Atlas

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295153/07-1177-obesity-system-atlas.pdf [Accessed 26 November 2018]

^v https://www.henry.org.uk/sites/www.henry.org.uk/files/2017-12/6.The_impact_of_HENRY_on_parenting_and_family_lifestyle-A_national_service_evaluation_%282016%29.pdf

^{vi} PHE [2018] Health of women before and during pregnancy- demographic and risk factor investigation tool <https://www.gov.uk/government/publications/preconception-care-making-the-case>

^{vii} PHE [2018] Health of women before and during pregnancy- demographic and risk factor investigation tool <https://www.gov.uk/government/publications/preconception-care-making-the-case>

viii <https://www.nice.org.uk/guidance/ph11/chapter/4-Recommendations>

ix [https://www.henry.org.uk/sites/www.henry.org.uk/files/2017-12/6.The impact of HENRY on parenting and family lifestyle-A national service evaluation %282016%29.pdf](https://www.henry.org.uk/sites/www.henry.org.uk/files/2017-12/6.The%20impact%20of%20HENRY%20on%20parenting%20and%20family%20lifestyle-A%20national%20service%20evaluation%202016.pdf)

x <https://www.gov.uk/government/case-studies/health-exercise-nutrition-for-the-really-young-henry>

xi NICE (2013), *Weight management: lifestyle services for overweight or obese children and young people*. Available at <https://www.nice.org.uk/guidance/ph47>. Accessed 7 November 2018

xii Sutcliffe K, Burchett H, Rees R, Melendez-Torres GJ, Stansfield C, Thomas J (2016), *What are the critical features of successful Tier 2 lifestyle weight management programmes for children aged 0-11 years? A systematic review to identify the programme characteristics, and combinations of characteristics, that are associated with successful outcomes*. London: EPPI Centre, Social Science Research Unit, Institute of Education, University College London.

xiii These are schools in each district who have high enough prevalence and sufficient numbers of children who are overweight or very overweight where action from services is targeted.

xiv NICE (2013), *Weight management: lifestyle services for overweight or obese children and young people*. Available at <https://www.nice.org.uk/guidance/ph47>. Accessed 7 November 2018