

Newcastle JSNA: Adult Obesity October 2008

Where are we now?

Facts and Figures

National picture

- 'Overweight' and 'obesity' are terms used to describe increasing degrees of excess body fatness which can lead to increasingly adverse effects on health and wellbeing.
- Potential problems include respiratory difficulties, chronic musculoskeletal problems, depression, relationship problems and infertility. The more life-threatening problems fall into four main areas: cardiovascular disease problems; conditions associated with insulin resistance such as type 2 diabetes; certain types of cancers, especially the hormonally related and large bowel cancers; and gallbladder disease. The likelihood of developing life-threatening problems such as type 2 diabetes rises steeply with increasing body fatness. (Newcastle's Obesity Strategy, 2007)
- Overweight and obesity are commonly assessed by using Body Mass Index (BMI), which is defined as the person's weight in kilograms divided by the square of their height in metres (kg/m²).
- According to the World Health Organization (WHO), in adults a BMI of 25 to 29.9kg/m² is defined as 'overweight', and a BMI of 30kg/m² or more is defined as 'obese.' (strategy 2007)
- The House of Commons Health Select Committee estimated that the total annual cost of obesity and overweight for England in 2002 was nearly £7 billion. This total includes direct costs of treatment, the cost of dependence on state benefits, and indirect costs such as loss of earnings and reduced productivity including an annual total of 45,000 lost working years. (strategy 2008)

Trends

National trends

- Obesity is rising in England. Almost two-thirds of adults are either overweight or obese, and work by the Government Office for Science's [Foresight Programme](#) suggests that, without clear action, there will almost nine in ten adults by 2050.

- Severely obese individuals (BMI>45) are likely to die on average 11 years earlier (13 years for a severely obese man between 20 and 30 years of age) than those with a healthy weight¹.
- In both men and women, mean BMI generally increases with age
- A greater proportion of men are overweight than women and approximately three times as many women as men are severely obese.
- Overweight and obesity are more common in lower socioeconomic and socially disadvantaged groups, particularly among women.
- In women, the mean BMI is markedly higher in Black Caribbeans and Black Africans than in the general population, and markedly lower in Chinese. In men, the mean BMI of Chinese and Bangladeshis is significantly lower than that of the general population. (Obesity Strategy, 2007)

Local trends

Newcastle upon Tyne

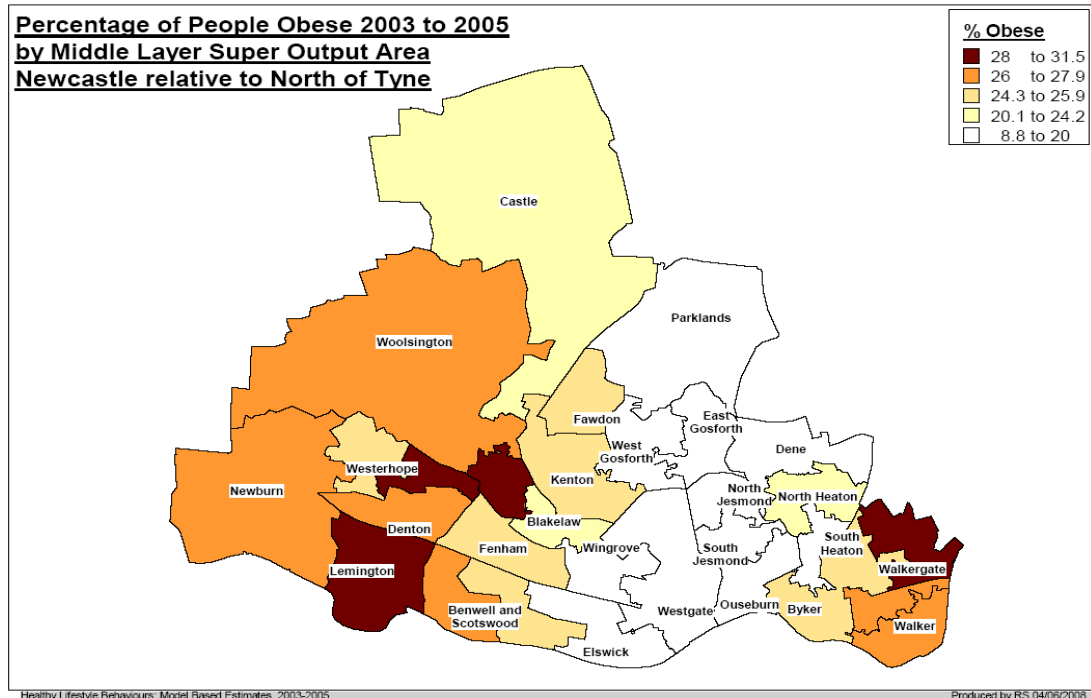
- It is estimated that there are over 45,000 adults in Newcastle upon Tyne who are classified as obese with a further 77,000 classified as overweight. A map of estimates of levels of obesity in the adult population produced by the Department of Health is shown in Figure 1 (Strategy, 2008)
 - BMI >40 – 3,478 adults
 - BMI 30-39 – 41,746 adults
 - BMI 25-30 – 76,836 adults
- It is estimated that around 22.6% (estimated range 20.3%-25.1%) of adults in Newcastle upon Tyne are obese (based on 2003-5 figures.)² Newcastle upon Tyne has one of the lowest estimates of obesity amongst LAs in the North East.³

¹ Fontaine, K.R., Redden, D.T., Wang, C. et al (2003) Years of Life Lost Due to Obesity. *Journal of the American Medical Association*; 289:187–93

² Neighbourhood Statistics: LA Model-Based Estimates of Healthy Lifestyles Behaviours, 2003-05 (Dec 2007) – model based estimates of obesity (adults) for LAs in England
<http://www.ic.nhs.uk/webfiles/Popgeog/Model%20Based%20Estimates%20of%20Obesity%20%28adults%29%20for%20LAs%20in%20England%20%282003-2005%29.xls>

³ Neighbourhood Statistics: LA Model-Based Estimates of Healthy Lifestyles Behaviours, 2003-05 (Dec 2007) – graphs showing model based estimates of obesity (adults) for LAs in England
<http://www.ic.nhs.uk/webfiles/Popgeog/Graphs%20showing%20Model%20Based%20Estimates%20of%20Obesity%20%28adults%29.pdf>

Figure 1



Source: Strategy 2008

- The number of adults eating five or more daily portions of fruit and vegetables in Newcastle upon Tyne is approximately 17% (national rate is 24%).⁴
- If the current trend in rising obesity continues, the estimated NHS costs attributable to elevated BMI (overweight and obesity) for Newcastle upon Tyne⁵ are set to grow from £24.9 million in 2007/08 to £37.4 million in 2015 and £57.5 million in 2050. (Obesity Strategy, 2008)

Targets

The targets in the **Newcastle Obesity Strategy** (2007) build on the targets set by the government departments with responsibility for health, education and sport within the Public Service Agreement (PSA). The targets and priorities focus on children and young people and include:

- By 2008, increase the take up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups by:
 - Increasing the number who participate in active sports by at least 12 times a year by 3%

⁴ Improving Health is Everyone's Business, a ten year health improvement strategy for Newcastle 2007-2017

⁵ using proportion of national estimates for Newcastle PCT 2006/07 allocations

- Increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three time a week, by 3%

The following related PSA target has been set by the Office of the Deputy Prime Minister:

- Ensure people have decent places to live by improving the quality and sustainability of local environments and neighbourhoods, reviving brown field land and improving the quality of housing:
- Leading the delivery of cleaner, safer, greener public spaces and improvements of the quality of the built environment in deprived areas and across the country with measurable improvements by 2008. (strategy 2007)

Performance

Indicators

National

The **core dataset** published by the Department of Health provides an indicative list of indicators to assist partnerships in preparing their JSNA (DH, 2008)⁶. The core dataset for obesity includes:

1. Modelled and/or recorded obesity (adult)

Figure 1 reports the modelled obesity rates for Newcastle upon Tyne under Section [TRENDS AND TRAJECTORIES](#)

Local

The **Obesity Strategy** presents a number of indicators shown below:

Figure 2 – Indicators from Obesity Strategy		
Indicator	Source	Timing
Prevalence of BMI greater than or equal to 30 in adults over age of 16 years in the previous 15 months in GP registers	QoF	Available annually

Figure 3 - QOF data on obesity prevalence in Newcastle upon Tyne					
	PCT Name	Number of Practices	Sum of List Sizes	Sum of Obesity Register Counts	Obesity Unadjusted Prevalence
2007/08	NEWCASTLE UPON TYNE PCT	35	273316	21,995	8.0%

⁶ [The JSNA Core Dataset](#) DH, 2008

2006/07	NEWCASTLE UPON TYNE PCT	37	277349	21,264	7.7%
---------	-------------------------------	----	--------	--------	------

Source – Strategy 2008
Source: Information Centre, 2008

The **Sustainable Communities Strategy and Local Area Agreement (2008)** for Newcastle upon Tyne sets out a number of national and local priorities over three years agreed between local partners and the Government. The LAA obesity priorities mirror the **Health Improvement Strategy** in terms of outcomes, indicators and targets. The overall health priority is to reduce obesity figures.

Figure 4 – LAA targets 2008-2011

LAA Priority objectives	Measured by	Baseline	2007/08 target	2008/09 target	2009/10 target	Lead Delivery Partnership
6. Tackling health inequalities	NI 120 All age all cause mortality rate (*35 target LAA)	Male. 857.9 (2004-06)	Male 757 per 100,000	Male. 729 per 100,000	Male 701 per 100,000	Health, Wellbeing and Sport
12. Increasing participation levels of all individuals, groups and sections of the community in cultural activities and events	NI 8 Adult participation in sport (additional local indicator)	20.7% (2006/07)	21.2%	21.5%	22%	Health, Wellbeing and Sport

Local Views

[Community Action on Health \(CAOH\)](#) held events in August 2006 to identify community themes and issues for inclusion in the 10 year [Health Improvement Strategy](#) (COAH, 2006). Issues identified around obesity include:

Figure 5 – CAOH consultation on Health Improvement Strategy

Education / awareness issues

- More education around healthy food opinions and nutrition
- More education around benefits of being active
- More education within schools
- Health warnings on junk food

Culture issues:

- More home cooking
- Employers taking more interest in the health of employees
- Diet is key to health, encourage healthy eating
- Lifestyle education

Support issues:

- More supermarkets offering more fresh food
- Access to organic fresh food at local shops
- Improved access to activities
- More healthy living projects
- More healthy eating centres – breakfast clubs for children and older people
- More clean, green spaces

- Affordable leisure activities
- More support for people to produce their own healthy food
- Support information should be easy to understand

A number of outcomes and actions were identified during action planning events for the Health Improvement Strategy in December 2006: (HIS events 2006) (strategy 2008) (briefing 2008)

Figure 6 – Outcomes and actions relating to Health Improvement Strategy

To tackle the growing rate of obesity a number of **outcomes** were suggested:

- Obesity levels in adults
- Physical activity levels in adults
- Levels of social isolation
- Levels of expectation about good diet and nutrition
- Access and utilization of green open spaces
- Consumption of good quality food products

The following specific **action points** were suggested:

- Deployment of community nutrition assistants
- Community cooking skills/courses
- More funding for green spaces
- Ensure facilities don't provide unhealthy snacks
- Proactive support for local shops
- Encourage activity as part of life- not as separate activity
- More lobbying about food marketing, need to be able to compete to successful promote health message
- Pricing policies that encourage healthy choices

National and local strategies

Better Health, Fairer Health (2008) puts forward a vision that the North East will curtail its increase in average body mass index and increase the proportion of people whose weight is within safe limits, eradicating the differential between social groups. It distinguishes two major categories of the population:

- **Current risk:** those who have signs, symptoms, established risk factors or manifest disease which may be altered by activity based changes
- **Future risk:** those who do not have those characteristics.

Health Improvement Strategy (2007) includes tackling the issue of being overweight or obese as one of eight health priorities for the city. It lists a number of outcomes to target, as identified within the Health Improvement Action Planning Events (see above under **CONSULTATION**).

In addition to ongoing work to meet these aims, initiatives and interventions to support people currently engaged in a weight loss programme have also been identified:

- Improving diet, by increasing fruit, vegetable and fibre consumption and reducing saturated fat, salt and sugar intake
- Increasing physical activity and encouraging lifelong physical activity
- Supporting individuals and families in a community based setting

It suggests that a coordinated obesity strategy and set of action plans would be launched in 2007.

Newcastle Obesity Strategy (2007) is an overarching strategy to tackle obesity in the Newcastle upon Tyne. The main priorities and targets are detailed above in the **TARGETS** section. The strategy put forward two interventions that are successful in helping to tackle obesity:

- Prevention - interventions aimed at preventing overweight developing in the first place, from childhood onwards
- Weight management - interventions aimed at weight reduction or weight control in people who have become overweight or obese

Priorities for actions are split into:

- Improving diet
- Increasing physical activity (strategy 2008)

The **Newcastle Obesity Strategy** summarised the following national recommendations regarding the prevention and management of obesity, as relate to adults:

NHS

The overarching recommendation for managers and professionals working in primary care settings is that they should ensure that preventing and managing obesity is a priority at both strategic and delivery levels. Dedicated resources should be allocated to support local action.

Support for the implementation of the local obesity strategy should ensure that specifically trained professionals are enabled to provide:

- interventions to increase physical activity which focus on activities that fit easily into people's everyday life
- interventions to improve diet (and reduce energy intake) which include targeted advice, family involvement and goal setting
- long term interventions rather than one-off activities may include promotional, awareness-raising activities
- all actions aimed at preventing excess weight gain and improving diet and activity levels in children and young people should actively involve parents and carers.

The recommendations for health professionals working in broader community settings, e.g. Healthy Living Centres and Sure Start Children's Centre states that:

- all community programmes to prevent obesity, increase activity levels and improve diet should address the concerns of local people from the outset
- health professionals should work with shops, supermarkets, restaurants, cafés and voluntary community services to promote healthy eating choices
- health professionals should support and promote behavioural change programmes with tailored advice to help people who are motivated to change
- families of children and young people identified as being at high risk of obesity should be offered ongoing support from an appropriately trained health professional
- individual as well as family-based interventions should be considered where appropriate.

Local authorities

As the environment in which people live influences their ability to maintain a healthy weight Local authorities are charged with

- engaging with local communities, to identify environmental barriers to physical activity and healthy eating
- assessing the affect of their policies (health impact assessment) on the ability of their communities to be physically active and eat a healthy diet
- encouraging all local shops, supermarkets and caterers to promote health food and drink
- addressing the needs of local people through community-based programmes to prevent obesity, and increase activity levels
- developing longer-term, multi-component interventions rather than one-off activities (strategy 2007)

Other national reports and strategies used to inform the Newcastle Obesity Strategy (2007/8) include:

Tackling obesity: future choices (2007) takes a strategic 40 year forward look at how society could respond sustainably to obesity. The findings include:

- Most adults in the UK are already overweight. Modern living ensures every generation is heavier than the last - 'Passive Obesity'
- By 2050 60% of men and 40% of women could be clinically obese. Without action, obesity-related diseases will cost an extra £45.5 billion per year
- The obesity epidemic cannot be prevented by individual action alone and demands a societal approach
- Tackling obesity requires far greater change than anything tried so far, and at multiple levels: personal, family, community and national
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society

Healthy Weight, Healthy Lives: A Cross Government Strategy for England

(2007) supports the creation of a healthy society - from early years, to schools and food, from sport and physical activity to planning, transport and the health service. The strategy aims to bring together employers, individuals and communities to promote children's health and healthy food; build physical activity into our lives; support health at work; and provide the incentives more widely to promote health. It will also provide effective treatment and support when people become overweight or obese.

The strategy focuses on the following areas relating to adults:

- Promoting healthier food choices
 - Finalise a Healthy Food Code of Good Practice, in partnership with the food and drink industry, and other relevant stakeholders. This code would challenge the whole industry to adopt practices to reduce consumption of saturated fat, sugar and salt among other measures
 - Promote the flexibilities contained within planning regulations, so that local authorities are able to manage the proliferation of fast food outlets in particular areas, e.g. near parks or schools
- Building physical activity into our lives
 - Invest in a 'Walking into Health' campaign, aiming to get a third of England walking at least 1,000 more steps daily by 2012 – an extra 15 billion steps a day
 - Invest £30 million in 'Healthy Towns' – working with selected towns and cities to build on the successful EPODE model used in Europe
 - Set up a working group with the entertainment technology industry to ensure that they continue to develop tools to allow parents to manage the time that their children spend playing sedentary games, online
 - Review our overall approach to physical activity, including the role of Sport England, to develop a fresh set of programmes ensuring that there is a clear legacy of increased physical activity leading up to and after the 2012 Games.
 - Create incentives for better health
 - Work with employers and employer organisations to develop pilots exploring how companies can best promote wellness among their staff and make healthy workplaces part of their core business model
 - Pilot and evaluate a range of different approaches to using personal financial incentives to encourage healthy living.
- Personalised advice and support
 - seek to develop the NHS Choices website to give highly personalised advice to all on their diet and activity levels, with clear and consistent information on how to maintain a healthy weight
 - support the commissioning of more weight management services, by providing extra funding for this over the next three years (briefing 2008)

Figure 7 - Healthy Weight, Healthy Lives goals used to form local objectives

Promoting healthier food choices	<ul style="list-style-type: none">• More eligible families signing up to the Healthy Start scheme• Less consumption of high fat, sugar, salt (HFSS) foods, especially by
----------------------------------	---

	children
Building physical activity into our lives	<ul style="list-style-type: none"> • More consumption of fruit and vegetables – more people eating 5 A DAY, especially children • More healthy options in convenience stores, school canteens, vending machines, at supermarket tills and at non-food retailers • More people, more active, more often, particularly those individuals and families who are currently the most inactive • Reduced car use, especially for trips under a mile in distance • More outdoor play by children
Creating incentives for better health	<ul style="list-style-type: none"> • More workplaces that promote healthy eating and activity, with the public sector acting as an exemplar, both through the location and design of the buildings on the government estate and through staff engagement programmes
Personalised support for overweight and obese individuals	<ul style="list-style-type: none"> • Everyone able to access appropriate advice and information on healthy weight • Increasing numbers of overweight and obese individuals able to access appropriate support and services • Local staff/practitioners understanding their role and empowered to fulfill it

Source – Obesity Strategy, 2008

Lightening the load: Tackling overweight and obesity (2007) was designed to provide a starting point for developing a local strategy to tackle overweight and obesity. It is intended to help local multiagency teams - including public health, health promotion and primary care professionals, and strategic planners in both the NHS and local government in England - to develop and implement strategies and action plans to halt the year-on-year rise of overweight and obesity through prevention and management.

National Institute of Clinical Excellence (NICE) guidance was issued in 2006 on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales. The recommendations in the guidance cover advice that applies to local authority settings such as early years and schools as well as the NHS. The guidelines key features include;

- long term investment,
- partnership working across all agencies,
- community involvement,
- evidence-based solutions,
- projects and programmes that provide the best opportunity for sustained actions,
- interventions that address the needs of the local population. (strategy 2007)

The following other NICE guidelines have been published which are relevant to obesity:

- **Promoting physical activity (PH13) in the workplace:** intervention guidance on workplace health promotion with reference to physical activity

- **Physical activity and the environment:** (PH8) guidance on the promotion and creation of physical environments that support increased levels of physical activity.
- Specific technology appraisals on interventions for morbid obesity.

In **Choosing Activity: A Physical Activity Plan** (2005), the Chief Medical Officer makes it clear that:-

“Adults should achieve a total of at least 30 minutes of moderate intensity physical activity on 5 or more days of the week. Older adults should do specific activities that promote improved strength, co-ordination and balance.”

Choosing a better diet: A food and health action plan (2005) sets out a number of areas to improve nutrition

- Increase consumption of fruit/vegetables
- Increase the intake of dietary fibre
- Reduce the intake of salt
- Reduce the intake of saturated fat
- Maintain current trend in the intake of fat
- Reduce the intake of added sugar (strategy 2007)
- What are our current strategies and priorities?

Locally, the **Healthy Eating Action Plan** aims “to work in partnership to contribute to the improvement of the health of individuals and communities, living, working and visiting Newcastle upon Tyne, through enabling people to choose and eat healthier food.”

Overall the aim is to increase community levels of expectation about good diet and nutrition through:

- working to overcome disadvantage and inequality
- increasing breastfeeding and improve weaning/eating habits of children
- ensuring that all people working on nutrition are suitably trained
- developing a programme of practical cooking skills courses
- supporting implementation of the Improving School Food and Drink Plan
- ensuring that environments reflect healthy eating messages
- supporting the development of community food initiatives and projects
- providing community based intervention for people with medical conditions affected by eating choices
- supporting the implementation of healthy eating policies in the workplace (strategy 2007)

Locally we want to increase physical activity levels in children and adults through:

- increasing the amount of people who take part in regular physical activity
- ensuring this is sustained
- ensuring that the type and frequency of activity is appropriate to the particular target group
- monitoring and evaluating participation

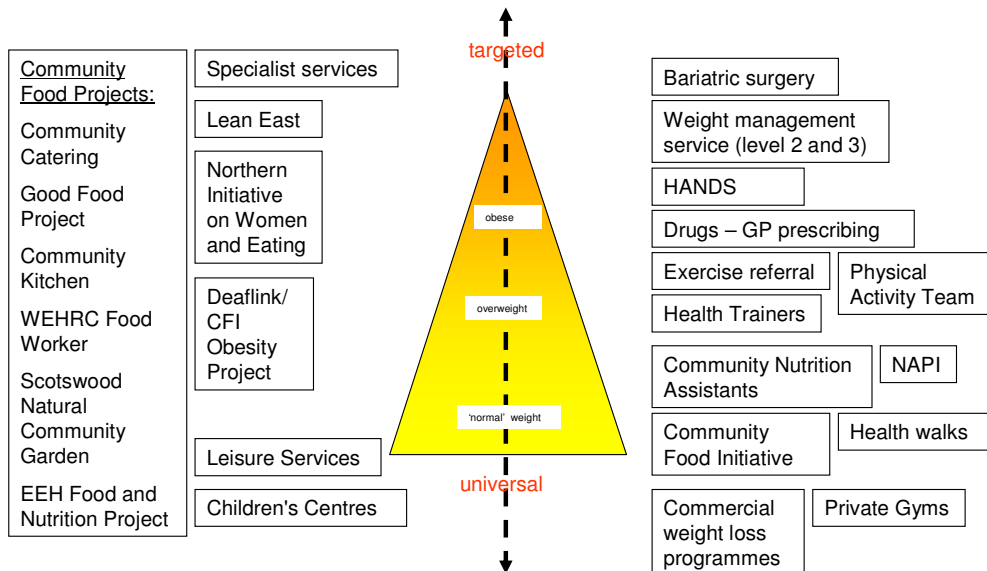
- continuing to work in partnership with health agencies and other professionals so that exercise and nutrition are seen as complementary in addressing obesity.
- supporting access and utilisation of green open spaces (Strategy 2007)

Other relevant existing strategies include:

- Green Spaces Strategy
- Physical Activities Strategy
- Breastfeeding Strategy

CURRENT ACTIVITY AND SERVICE PROVISION (WHAT ARE WE DOING NOW?)

Current service provision - adults



Source – Newcastle Obesity Strategy 2008

Weight management interventions

- Level 2 Weight management service - This programme is provided for adults (over 16 years) with a BMI >30 or >28 with related co-morbidities. It is a programme of twice weekly physical activity sessions, one of which is preceded by a lifestyle/education session. It is group based and lasts for 10 weeks (Costing report)
- Level 3 weight management service - This specialist programme is provided for adults (over 16 years) with a BMI >40 or >35 with related co-morbidities. It includes assessment and a tailored programme depending on needs with input from nursing, dietetics and psychology where indicated. (Costing report)

Improving diet

- Specialist Weight Management Service (SWiMS) - A skilled, multi-disciplinary team providing comprehensive, community based specialist weight management service.
- Newcastle Nutrition - Community Dieticians provide training and manage a citywide team of Community Nutrition Assistants.
- Community Food Initiative and Food Growing Project - The Newcastle Community Food Initiative (CFI) supports community food projects across the city and manages the Food Growing Project
- Community Food Projects - There are a wide range of community based food projects across the city (Strategy, 2007).

Improving physical activity

- Our managed facilities - We have a network of leisure centres and swimming pools across the city that provides opportunities for physical activity, from coached classes to fitness suites. These services produce hundreds of thousands of visits each year. Of particular importance is the swimming development service – teaching people to swim can save lives, but can also open up a life of water based activity that they could not get involved with if they couldn't swim.
- The Physical Activity Team - Funded by the PCT and employed by the City Council, the P.A.T. increase participation rates in physical activity by working with local communities to develop and promote opportunities for physical activity with particular reference to those in greatest need. They also work with health services and other agencies to develop opportunities for physical activity for people with specific health needs/conditions.
- Health Trainers - The West End Health Resource Centre has deployed seven health trainers in a number of difference communities within the City. They will work with agencies (including the P.A.T) to help people take advantage of a range of healthy living activities across the City.
- The Year of Exercise and Sport 2006 - A year long intervention aimed at increasing participation in exercise and sport in the City.
- Local Public Service Agreement 2 - A pump priming grant has been secured to help us achieve stretch targets for Newcastle upon Tyne – to have 28% of adults participating in physical activity for 30 minutes three times per week. This target has been set because we recognise that something needs to be done and it has to be done quickly.
- Leisure Investment Plan - Investment in Leisure Centres and their staff to increase the take up of opportunities for activity by communities across the City.
- Sport England “Everyday Sport” Campaign - We've supported the targeted everyday sport campaign in Newcastle upon Tyne, where Sport England have introduced a media campaign in the city which focuses on the areas of greatest health deprivation
- Parks and Green spaces - A service that makes a fundamental contribution to physical activity. Well managed, safe and clean parks and open spaces encourage people to walk, play and take part in sports, usually in their local neighbourhood. Play areas provide the opportunity for fun, exercise and social

- interaction; Allotments provide exercise and healthy food. Creating a network of linked open spaces can make a considerable contribution to increasing general levels of activity, particularly walking
- Spatial planning and regeneration - Following on from this, it makes sense that if the developing Area Action Plans for the city recognise the need to create communities where walking, cycling and public transport are the predominant modes of transport then there will be a step change in physical activity levels in our communities.
 - Supporting the voluntary sector - There is an enormous amount of work undertaken by sports clubs and community organisations that involve residents in activity in community centres and playing fields across the city (Strategy 2007).

Other programmes:

- The Elders Council and Quality of Life Partnership are promoting an Active Ageing programme to increase participation in activities and emphasize that exercise is about a healthy lifestyle, not specifically about losing weight. They are trying to reach out to housebound older people and minority groups through befriending services etc.
- NIWE (Northern Initiative on Women and Eating) provide individual consultations for support and information. They also provide group places for women who feel they overeat for psychological reasons, and work with them to address the underlying reasons for their use of food. NIWE also campaign and raise awareness around the stigma and prejudice some people face around food.
- The West End Health Resource Centre is a Healthy Living Centre delivering physical activities and runs a lot of community-based physical activity sessions in community centres and other local venues (HIS events 2006).

Each project area has been tasked with looking at workforce training and capacity issues. It is important that everyone working at a local level is clear about their role in promoting the benefits of a healthy weight and that appropriate training is available so that both health and non-health professionals feel confident in sensitively raising the issue of weight with those who are overweight or obese (Strategy, 2008).

The latest action plan for the strategy (2008) outlined the need to:

- Agree overarching indicators **(by Aug 2008)**
- Complete evidence based checklist **(by Aug 2008)**
- Agree objectives and indicators for each project area including workforce development **(by September 2008)**
- Set up a systematic process for monitoring indicators (both overarching and project specific) **(by September 2008)**
- Ensure that the priorities feed into commissioning processes for the PCT and LA **(by September 2008)**

What Investment Is There?

- Current costs for adult obesity interventions (anti-obesity drugs, bariatric surgery, level 2 and level 3 weight management programme) are estimated at £786K.
- Current capacity and uptake of interventions to deal with the need for the treatment of obesity is very low when compared with need. For adults, less than 1% of patients eligible for surgery have it, around 1% of people eligible for a level 2 weight management programme are able to access it, and around 3% of people eligible for a level 3 weight management programme are able to access it. Only 3% of people eligible for anti-obesity medication are prescribed it,
- The costing report provides an assessment of the impact of scaling up adult interventions. If 10% of the estimated 54500 adults who are eligible for anti-obesity medication, 5% of the estimated 7500 people eligible for surgery and 10% of the estimated 54500 adults eligible for the level 2 weight management programme and 10% of the estimated 7463 adults eligible for the level 3 specialist weight management programme would cost an estimated £4.8 million pounds a year.

What is this telling us?

What Are The Key Inequalities?

Deprivation

- Obesity is more common among people in areas of high deprivation and contributes to the overall greater burden of ill health experienced by people who are poor

Healthy eating

- The number of adults eating five or more daily portions of fruit and vegetables in Newcastle upon Tyne is estimated at approximately 17% (national rate is 24%).⁷

What Are The Key Gaps In Knowledge / Services?

The costing report on obesity services in Newcastle upon Tyne concluded:

- There is a huge mismatch between current supply and need for the treatment of obesity.
- Scaling up interventions to cope with more of the need would require considerable investment.

⁷ Improving Health is Everyone's Business, a ten year health improvement strategy for Newcastle 2007-2017

- Investment in preventative measures are as, if not more, important for the future.
- There may be issues (which are not dealt with in the costing report) about people's engagement with a scaled-up programme. There are some expressed concerns from practitioners that people do not want to access anti-obesity interventions as obesity is not seen as a problem to them.

Overall, there are gaps in knowledge about effective services and interventions ([NICE, 2006](#))

What Are The Risks Of Not Delivering Our Targets?

- If the current trend in rising obesity continues, the estimated NHS costs attributable to elevated BMI (overweight and obesity) for Newcastle upon Tyne⁸ are set to grow from £24.9 million in 2007/08 to £37.4 million in 2015 and £57.5 million in 2050 (Strategy, 2008)
- A calculation based on the Commons Health Select Committee (2004) that NHS expenditure is about 1/7th of the total in conjunction with the 2008 Newcastle Obesity Strategy (see previous paragraph) suggests that the wider economic impact in Newcastle upon Tyne is currently in the region of £175 million and will rise to at least £260 million within ten years.

Is What We Are Doing Working?

There appears to be a wide range of services, initiatives and activities in place within the framework of the 'Life Course' approach.
The 2008 strategy outlines an evaluation and monitoring process;

What Is Coming On The Horizon?

Increasing demand for services (already under pressure) in a wider context of increasing national concern so there are likely to be policy imperatives that have to be addressed.

What Should We Be Doing Next?

1. There needs to be serious consideration of the resources needed to invest in preventive services, and in all other tiers of the obesity pathway.
2. The [Nice Obesity guideline](#) (CG 43, 2006) highlights the lack of research and evidence to support interventions to manage or prevent obesity, therefore

⁸ using proportion of national estimates for Newcastle PCT 2006/07 allocations

any investment would need to be phased, with each phase subject to a cost-effectiveness evaluation before moving to the next phase.

3. There needs to be continued development of partnership working in order to address the wider causes of increasing rates of overweight and obesity, for example through planning and transport policies within the city, and encouraging a greater uptake of physical activity.

REFERENCES

Strategy 2008 - Newcastle obesity strategy refresh - Working document - Current position Aug 2008

Briefing 2008 - Community Action on Health, Obesity issues in Newcastle, A briefing paper for Health Action Network members, February 2008

Costing report - Obesity costing report – undated

Strategy 2007 - An Obesity Strategy for Newcastle upon Tyne, May 2007

COAH events 2006 – Community Action on Health - Developing a Health Improvement Strategy, Voluntary and Community Sector Engagement Events, August 2006

HIS events 2006 - Developing a Health Improvement Strategy for Newcastle Report of Action Planning Events held Nov/Dec 2006