SCRUTINY COMMISSION 3
HEALTH AND CARE

Minutes of a meeting of Scrutiny Commission 3 held on Wednesday, 7 October 2008 at 6.00 p.m. at the Civic Offices, Telford

PRESENT - Councillors D.R.W. White (Chairman), G.P. Hossell, C.N. Mason and A. McClements

Mrs A Cox, Ms D. Davis and Mrs V. Lindley (Co-optees).

Also Present – Councillor R.E. Groom
Mr. B. Taylor (Chairman – Telford & Wrekin Primary Care Trust), Mr S Conolly (Chief Executive – Telford & Wrekin Primary Care Trust), Mr J. MacDonald (Programme Director – Developing Health & Healthcare)

Officers – R. Webb (Corporate Director: Adult & Consumer Care), A. Smith (Scrutiny Manager) and P. Smith (Senior Democratic Services Officer)

The Chairman welcomed Annette Cox to her first meeting of the Commission following her appointment as a co-optee.

SC3-11 MINUTES

RESOLVED – that the minutes of the meeting of the Commission held on 4 June 2008 be confirmed and signed by the Chairman.

SC3-12 APOLOGIES FOR ABSENCE

Councillors J.A. Dixon, V.A. Fletcher, H. Williams & D. Wright and Mr D. Saunders (Co-optee)

SC3-13 DECLARATIONS OF INTEREST/PARTY WHIP

None

SC3-14 WORLD CLASS COMMISSIONING

The Chairman welcomed Brian Taylor and Simon Conolly from the Telford & Wrekin Primary Care Trust, who made a presentation to Members on the World Class Commissioning standards that the Trust would be assessed against in December 2008.

As the NHS nationally was now achieving most of the Government's central targets and in the context of the shift of emphasis away from acute services to preventative services, Primary Care Trusts were increasingly being seen as the local leaders of the NHS. In order to ensure that PCTs were 'delivering the goods' and to provide challenge and support to strengthen commissioning, the World Class Commissioning programme had been developed. Trusts would be assessed in relation to

improvements to a chosen set of health outcomes, improvements in scoring against 10 commissioning competencies (details of which were provided) and the quality of their governance arrangements. Every PCT also had to review the vision of what it was striving to achieve and the goals which would deliver that vision. Telford & Wrekin had identified 5 goals, one of which was about engaging and listening to the public about their own health and that of the entire community. In terms of the health outcomes against which progress would be measured, reducing health inequalities and increasing life expectancy were mandatory. The remaining 8 outcomes were at the discretion of individual PCTs. Telford & Wrekin PCT had assessed a number of health outcomes against a set of principles and criteria, which had resulted in the following outcomes being selected - teenage pregnancy, alcohol related admissions, smoking quitters, child obesity, heart disease and stroke, breastfeeding, patients admitted within 18 weeks, and patient reported experience.

Following the presentation, Members asked a variety of questions, including:

- why was only child related obesity selected as one of the key health outcomes?
Response: Telford & Wrekin was an outlier for child obesity rates compared to the national and regional averages, and tackling obesity at an early stage was the most effective approach. Obesity in the rest of the population would still be addressed through the PCT/TWC joint Strategy.

- Would the focus on the 18 week admission target (ie from referral to treatment) lead to consultants putting pressure on GPs to delay referrals?
Response: The 18 week target was a key measure of accessibility to health care. If consultants in a particular hospital were unable to meet the target, then patients had the option to choose to receive their treatment at another hospital that could provide admission within 18 weeks. Locally, around 10% of people now chose a centre other than the Princess Royal and Royal Shrewsbury hospitals. Informed patient choice and competition was seen as a key factor in driving up standards and performance in the acute sector.

- What information was available to patients to enable them to make informed choices, and how detailed was this information?
Response: The PCT was working with GPs to make patients more informed of the choices open to them. At the moment, only fairly superficial information on hospitals was available (via the NHS Choices website for instance). Over time, it was expected that more detailed information (such as success rates of surgeons etc) would become more generally available.

- How would the message about patient choice, as well as that of the PCT as the "local leader of the NHS", get through to residents?
Response – it was accepted that this would not happen overnight, but investment was being made in making information available to patients, such as plasma screens in every GP surgery, customer service points in the Town Centre and the creation of a public relations team. Other ways could be through advertisements etc.
Members also suggested that information could be disseminated via publications such as the Council's Insight magazine and parish magazines.

- would achievement of these local priorities be hindered by central government controls on capital and revenue spending?
Response – Planning for better facilities and longer term capital projects could be made against the financial backdrop of the PCT continuing to receive above average annual increases in funding, in order to bring it up to its "fair share" of NHS resources.

– were all PCTs being assessed at the same time, and what form did the inspection process take?
Response – All PCTs were being assessed on a "rolling programme" basis. Telford & Wrekin PCT was being inspected towards the end of the process for the West Midlands region. A self assessment based on the 10 competencies had to be submitted along with various other documents prior to the Inspectors' visit. The visit itself would include a full "challenge" day with the Trust Board.

SC3-15 UPDATE ON DEVELOPING A HEALTH AND HEALTH CARE STRATEGY FOR SHROPSHIRE AND TELFORD & WREKIN

The Chairman welcomed John MacDonald, Programme Director for the work to develop an overarching Health and Health Care Strategy for Shropshire, Telford & Wrekin. The Strategy would provide a framework for the provision of health services to local people by health and social care organisations and staff who worked for them. Attached to the agenda was a recent briefing paper and a report on a Development Workshop held earlier in the year.

Mr MacDonald outlined the work that had been carried out in Phase 1 of the project, to develop the guiding principles underpinning the Strategy and to identify the key strategic issues. There were two overarching principles – that proposals must make sense clinically and they must make sense to the communities being served. Five major strategic themes had been identified based around demographics and the health of the population; access to services; clinical viability; financial viability; and care closer to home. Since June, a lot of work had been carried out on Phase 2 of the development of the Strategy by the eight Pathway Development Groups, each led by a senior clinician. The eight models of care were maternity and new born; children's health; planned care; mental health; getting healthy, staying healthy; long term conditions (which was now being extended); acute care; and end of life care. Two new models of care looking at dementia and learning disabilities had now been added. The Groups were looking at the main issues facing local services, beginning to identify options for addressing the challenges, and working with stakeholders to complete the analysis and to prepare options for the future.

An NHS Staff Leadership and Engagement event had taken place the previous month, and Public and Stakeholder Engagement events were taking place later that week in Telford and Shrewsbury. Views and output from these events would feed into the process for pulling together the overall Strategy. The Strategy would begin to be finalised by the end of October, and would be presented to a meeting of the Joint Health Scrutiny Committee during November.

Following the presentation, Members expressed a number of views relating to the options being discussed around the “challenged strategies” of emergency care and children’s services, and where these might be located. Mr MacDonald accepted that there had to be a debate and consultation on these matters, but that this needed to be an informed debate. It was stressed that the main focus of the current work was on improving health and health services over the next five years in order to achieve national NHS objectives, and looking at what could be delivered in that timescale based around changes in existing services. The Strategy would also outline a longer term vision for the local NHS, including the future options for the provision of acute care. However, any long term option would require a further rigorous process of consultation and planning.

The Chairman advised that any proposals for service changes arising from the Strategy would be closely scrutinised, and a request had been made for additional resources to carry out this work. He also encouraged Members to attend the Public Engagement Event in Telford on 9 October 2008.

SC3-16 FORWARD PLAN

The Commission received a report that identified the key decisions to be made by Cabinet relating to the work areas of the Commission, as detailed in the current Forward Plan for the period from October 2008 to January 2009.

RESOLVED – that the report be noted.

SC3-17 DATE OF NEXT MEETING

The next meeting of the Commission was scheduled for 6.00pm on Wednesday, 5th November 2008.

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The meeting closed at 7.38pm

Chairman……………………………………

Date…………………………………………

Why Weight – Act Now

The Telford & Wrekin Obesity Strategy and Action Plan

2006-2009

(July 2008 Update)

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1. Executive Summary

Obesity is a serious national and local health threat. It is a risk factor for various diseases as well as an adverse outcome in its own right. There are significant long term economic and social implications for the nation if levels of obesity continue to rise.

Obesity is a national priority and although there are no national guidelines about how the NHS need to address the problem there is now a national target for childhood obesity:

- To halt the year on year rise in obesity among children under 11 by 2010 (from a 2002/04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.

Locally the 2004 Annual Public Report Addressing Health Inequalities in Telford & Wrekin identified the following key recommendation underpinning this action plan:

- The Local Strategic Partnership should approve an overweight and obesity action plan for the prevention and management of childhood and adult obesity in the local population. The plan should be based on what is already known to be effective in Telford & Wrekin and encompass further measures to improve diet and physical activity

The recommendation has been endorsed by the Local Strategic Partnership and the development of the action plan is a step towards the implementation of this. The action plan recognises the need to work in partnership with local agencies and stakeholders. Indeed many local activities currently taking place delivered outside of the NHS contribute towards the prevention and management of overweight and obesity.

The action plan covers children and adults and is informed by the current evidence base on effective practice. A mapping exercise has been conducted of local initiatives and services matched against the evidence base. This together with feedback from the local consultation and prevalence information provides a picture of our current position as well as an overview of gaps in provision of local services and interventions.

The action plan recognises there are a number of areas that require immediate and longer term attention. A number of overarching recommendations are identified together with specific proposals on how to provide a comprehensive approach to halt the rising levels of overweight and obesity among adults and children within Telford and Wrekin.

To date, the strategy, action plan and recommendations have been endorsed by the Telford and Wrekin Primary Care Trust Professional Executive Committee, the Trust Board and the Local Strategic Partnership.

2. Introduction

This document is a local action plan, which aims to address the growing problem of obesity. It provides contextual information on the national perspective and gives details as far as possible of the local picture in terms of prevalence, services and projects. It acknowledges the significant impact that physical activity and healthy eating have in helping to prevent obesity and support weight management. In compiling this document a number of key national strategies and documents have been used that emphasise the importance of addressing obesity and overweight in the population. These include:-

- National Service Frameworks for CHD, Diabetes, Children and Young People
- Securing Good Health for the Whole Population, (2003) Wanless
- The Action Plan on Health Inequalities (2003) DH
- Young at Heart (2003) National Heart Forum
- The management of obesity and overweight (2003) HDA
- Choosing Health Making Healthy Choices Easier (2005) DH

The production of this document has been overseen and produced by a multi-agency working group with contributions from key individuals acknowledged in Appendix 1.

3. The National Picture

Obesity is now regarded as one of the most important preventable challenges to health across the UK. In the past two decades levels of obesity have tripled in men and women. Almost 24 million adults are now estimated to be overweight or obese. If these trends continue then one third of all adults will be obese by 2020.

3.1 Obesity A Definition

Obesity is defined as a disorder in which excess body fat has accumulated to an extent that health may be adversely affected. It is commonly assessed by body mass index (BMI) which is calculated by dividing an individual's weight measured in kilogrammes by their height in metres squared (weight in kg/height in m^2). Overweight is defined as a BMI greater than 25 and obesity as a BMI greater than 30. However BMI does not distinguish between body mass due to body fat and mass due to muscular physique and does not take into account distribution of fat. There is increasing evidence that the distribution of fat in the body is as important as the relative weight of a person. For most people carrying extra weight around the middle increases health risks more than carrying extra weight around the hips or thighs. Waist measurement is now being proposed as a better measurement of health risk than BMI.

Waist measurement has been recommended by the international obesity task force as it can assess the excess fat in the abdomen in relation to the total body fat. There is a relationship between waist measurement and abdominal fat content. A waist measurement of 102cm for men and 88cm for women increases their risk of Coronary Heart Disease.

There is no generally agreed definition of obesity for children, however, the most commonly accepted indicators take into account a child's growth and development. Internationally agreed cut off points for BMI for overweight and obesity were published in 2000. Further information on definitions can be found in appendix (2).

3.2 The Causes of Obesity

At its most simple obesity is caused by an imbalance between energy intake and energy output. There is an underlying genetic basis to control of body weight. However, the rapid increase in the numbers of people who are overweight and obese cannot be properly explained by genetic factors. Changes in lifestyle over the past two decades are likely to have contributed to trends in obesity both in terms of diet and nutrition and activity levels.

Food snacking is more common nowadays with a greater availability of ready made and fast foods which are high in fat and therefore calories and not very filling. One commonly available chocolate bar weighing 100g contains more calories than a meal of sirloin steak, potatoes and broccoli weighing 400g. More meals are now taken outside of the home and in 2001 two billion were eaten at "quick service" establishments. Portion sizes are also increasing with the super-sizing of many fast foods and king size chocolate bars and crisps. A king size chocolate bar can provide 100 extra calories over a standard bar, consuming this on a daily basis for a year could result in a 5 -10lb increase in weight. The consumption of sugary drinks has increased rapidly in the last decade particularly among children and large food companies have high profile marketing and promotional strategies in place to assist sales.

3.3 Nutrition and Healthy Eating

A healthy diet is an essential to maintain a balanced weight. It is essential for growth and development in children and can reduce risks to health in adults. A healthy balanced diet should provide at least 5 portions of fruit and vegetables a day, however national surveys identify low rates of consumption. This is mirrored in Telford & Wrekin.

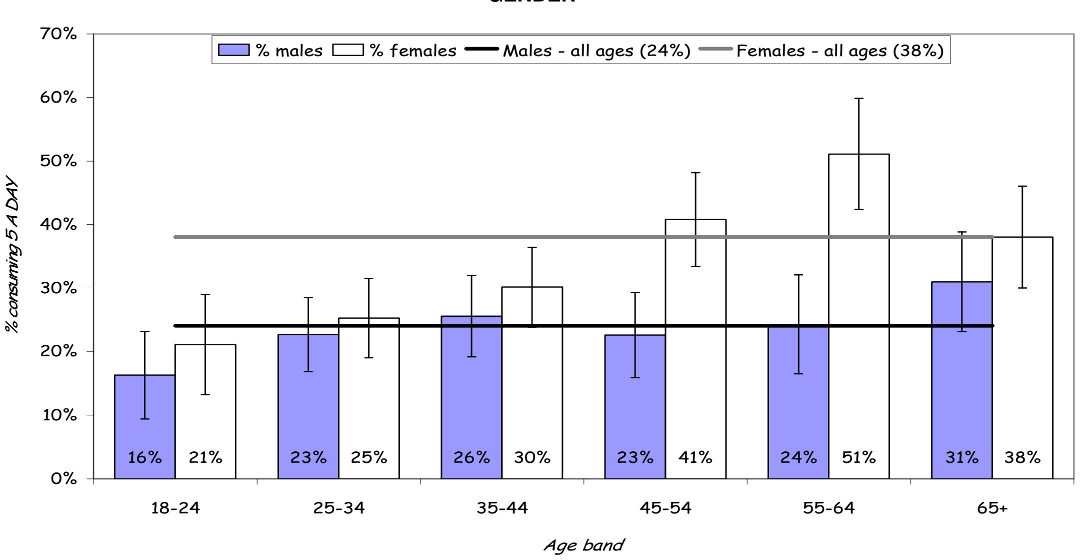
FIGURE 1 FRUIT AND VEGETABLE CONSUMPTION IN ADULTS IN TELFORD & WREKIN BY DEPRIVATION

% 5 A DAY
Telford & Wrekin (30%)
West Midlands (27%)
England (24%)
% consuming 5 A DAY
60%
50%
40%
30%
20%
10%
0%
42%
35%
34%
25%
22%
Most affluent
Most deprived
IMD 2004 deprivation quintile

Source: Regional Lifestyle Survey 2005

The proportion of adults eating 5ADay in the most deprived communities is significantly lower than in the most affluent communities.

FIGURE 2 FRUIT AND VEGETABLE CONSUMPTION IN ADULTS IN TELFORD & WREKIN BY AGE AND GENDER



Source: Regional Lifestyle Survey 2005

The proportion of young people particularly males aged 18-24 years eating 5ADay is significantly lower than those aged 45 years and over.

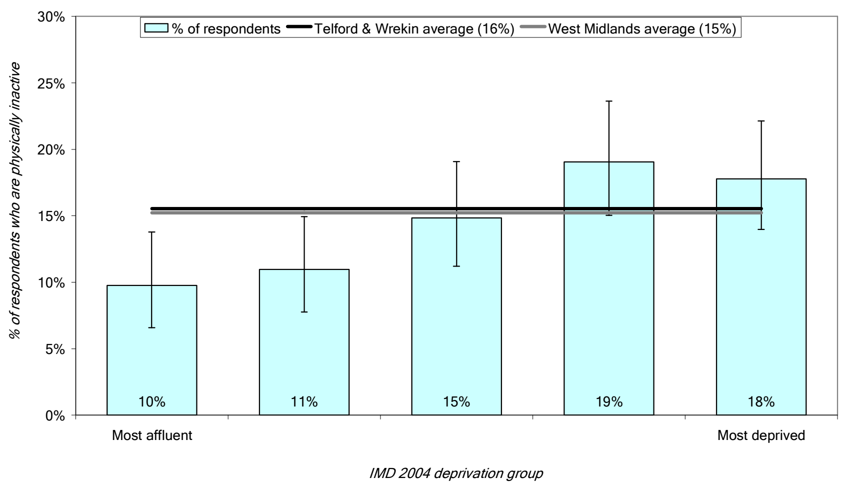
3.4 Physical Activity

Lower levels of physical activity contribute towards overweight and obesity. Currently six in ten women and seven in ten men do not achieve the recommended 30 minutes of moderate activity on five days a week. For young people four in 10 boys and six in 10 girls do not meet the recommended hour a day. Overall lifestyles are becoming less active, as people have more sedentary occupations; car usage has increased, cycling, walking and participation in sport have decreased.

Key Facts: Physical Activity in Adults and Children (Figures 3 & 4)

1) Only 43% of men and 37% of women in Telford & Wrekin take the recommended level of physical activity, these figures are similar to the regional average figures for the West Midlands of 44% and 38%
2) 16% of adults in Telford & Wrekin are physically inactive, this is similar to the regional average of 15%
3) Approximately 19,500 adults in Telford & Wrekin are physically inactive
4) There are local inequalities associated with physical inactivity with significantly higher than average levels of inactivity in deprived areas compared with the most affluent areas (Figure 3)
5) Physical inactivity increases, in older people (aged 65+) inactivity levels are significantly higher than all other age groups (Figure 4)
6) Only 52% of boys and 35% of girls aged 11-15 years in Telford & Wrekin take the recommended levels of physical activity for children
7) An estimated that approximately 5,300 children aged 11-15 years in Telford & Wrekin do not take the recommended levels of physical activity for children

FIGURE 3 PROPORTION OF ADULTS WHO ARE PHYSICALLY INACTIVE BY DEPRIVATION GROUP



Source: Regional Lifestyle Survey 2005

FIGURE 4 PROPORTION OF ADULTS WHO ARE PHYSICALLY INACTIVE BY AGE GROUP

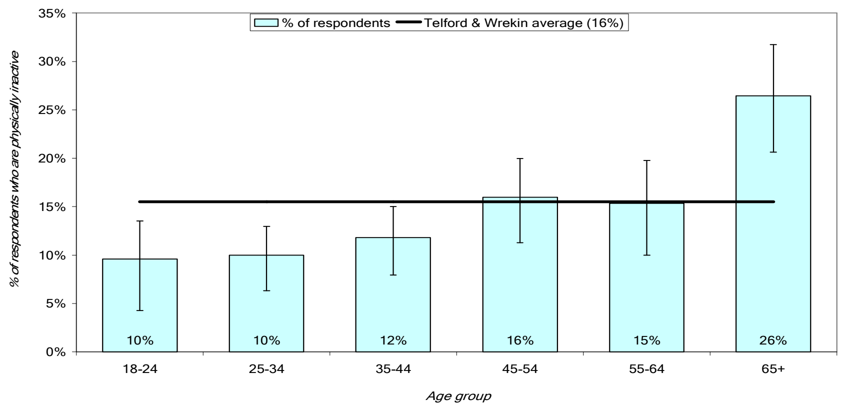


Figure 1

Source: Regional Lifestyle Survey 2005

In summary most evidence suggests that the main reasons for the rising levels of obesity are due to a combination of less active lifestyles and changes in eating patterns.

3.5 Prevalence of Overweight and Obesity in Adults and Children

Key facts: Adult Overweight and Obesity in England (Table 1, Figures 4 & 5)

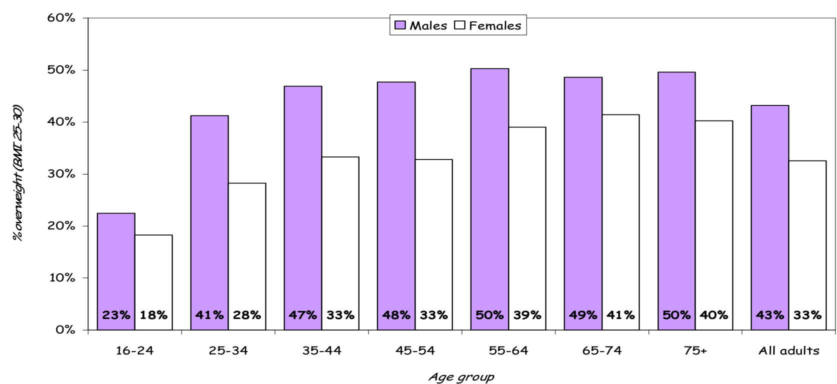
1) 43% of men and 33% of women are classified as overweight (BMI 25 -30)
2) More men than women at all ages are overweight
3) 22% of men and 23% of women are classified as obese (BMI >30)
4) In the past decade obesity increased by 9% in men and 7% in women
5) 1% of men and 3% of women are classified as morbidly obese (BMI >40)
6) Overweight and obesity in men and women increases with age until 74 years when rates begin to fall

TABLE 1 TRENDS IN OVERWEIGHT AND OBESITY IN ADULTS (16+ YEARS) IN ENGLAND

		2003	1993	% change from 1993-2003
Males	Overweight (BMI 25-30)	43%	44%	-1%
	Obese (BMI >30)	22%	13%	9%
Females	Overweight (BMI 25-30)	33%	32%	0%
	Obese (BMI >30)	23%	16%	7%

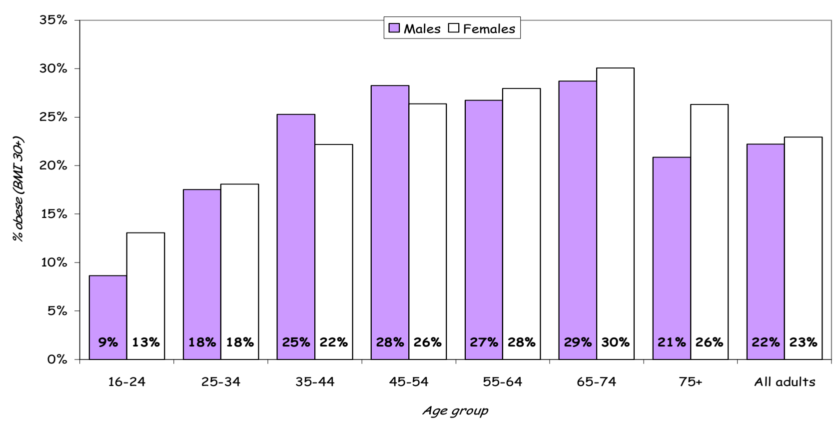
Source: Health Survey for England 2003

FIGURE 4 PREVALENCE OF OVERWEIGHT BY AGE GROUP AND GENDER (ENGLAND 2003)



Source: Health Survey for England 2003

FIGURE 5 PREVALENCE OF OBESITY BY AGE GROUP AND GENDER (ENGLAND 2003)



Source: Health Survey for England 2003

Obesity is also rising among children at an alarming rate. Between 1990 and 2001 obesity trebled among 6-15 year olds with 8.5% of all 6 years olds and 15% of all 15 years olds classified as obese. Young people who are overweight have a 50% chance of becoming overweight adults.

Key facts: Childhood Obesity in England (Table 2, Figure 6)

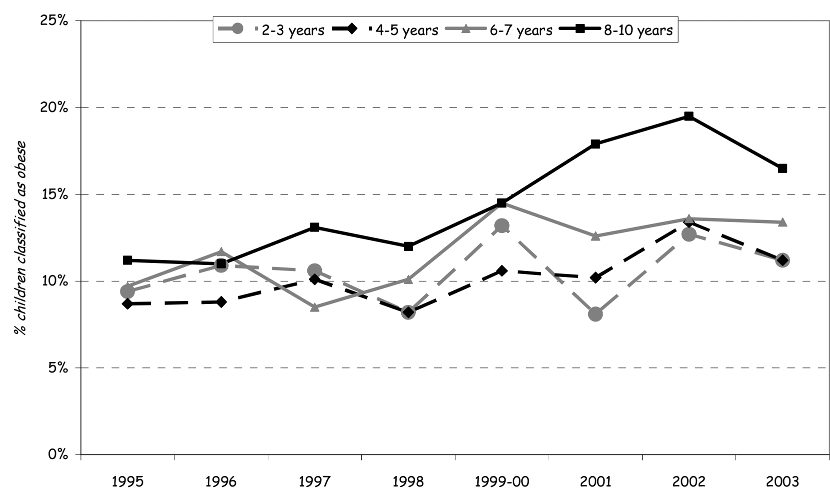
1) Obesity in children (aged 2 -10 years) increased from 10% in 1995 to 14% in 2003
2) The most significant increase was seen in 8-10 year olds showed with obesity levels rising from 11% to 17%
3) The proportion of children (2 -10 years) who were overweight (including obese) increased from 23% in 1995 to 28% in 2003
4) The highest levels of childhood obesity are seen in the North East (18%) and London (18%)
5) Childhood obesity is highest in inner city areas
6) There are clear inequalities associated with childhood obesity with 11% classified as obese in the least deprived areas compared to 16% in the most deprived areas
7) The prevalence of obesity in children with both parents overweight/obese is 20% compared to 7% in children where neither parent is overweight/obese

TABLE 2: TRENDS IN CHILDHOOD OBESITY IN ENGLAND

Age group	1995	1996	1997	1998	1999-00	2001	2002	2003
2-3 years	9.4%	10.9%	10.6%	8.2%	13.2%	8.1%	12.7%	11.2%
4-5 years	8.7%	8.8%	10.1%	8.2%	10.6%	10.2%	13.4%	11.2%
6-7 years	9.7%	11.7%	8.5%	10.1%	14.5%	12.6%	13.6%	13.4%
8-10 years	11.2%	11.0%	13.1%	12.0%	14.5%	17.9%	19.5%	16.5%
2-10 years total	**9.9%**	**10.6%**	**10.9%**	**9.9%**	**13.4%**	**13.1%**	**15.1%**	**13.7%**

Source: Health Survey for England 2003

FIGURE 6 TRENDS IN CHILDHOOD OBESITY IN ENGLAND



Source: Health Survey for England 2003

Current trends indicate that obesity will soon surpass smoking as the greatest cause of premature loss of life. Life expectancy is estimated to be reduced by nine years on average amongst those who are obese. The future cost of obesity both in terms of health and economic consequences will be significant based on current trends.

3.6 The Local Picture

3.7 Prevalence of Overweight and Obesity in Adults and Children

Estimates of Adult Overweight and Obesity in Telford & Wrekin (Table 5)

- 49,029 adults (27,987 men and 21,041 women) overweight (BMI 25-30)
- 29,207 adults (14,382 men and 14,825 women) obese (BMI >30)
- 2,493 adults (645 men and 1,848 women) morbidly obese (BMI >40)

TABLE 5: ESTIMATES OF OVERWEIGHT AND OBESITY IN TELFORD & WREKIN

		Prevalence (16+ years)	Estimated nos. in Telford & Wrekin
Males	Overweight (BMI 25-30)	43%	27,987
	Obese (BMI >30)	22%	14,382
	Morbidly obese (BMI >40)	1%	645
Females	Overweight (BMI 25-30)	33%	21,041
	Obese (BMI >30)	23%	14,825
	Morbidly obese (BMI >40)	3%	1,848

Source: Health Survey for England 2003, Telford & Wrekin PCT General Practice Population Register 2004

The numbers of adults estimated to be overweight and obese by age group and gender are shown in Table 6.

TABLE 6: ESTIMATES OF OVERWEIGHT AND OBESITY IN TELFORD & WREKIN BY AGE GROUP AND GENDER

Age group	Overweight (BMI 25-30)			Obese (BMI 30+)		
	Males	Females	Total	Males	Females	Total
16-24	2,103	1,863	**3,966**	808	1,334	**2,141**
25-34	4,616	3,321	**7,937**	1,960	2,126	**4,086**
35-44	6,055	4,434	**10,489**	3,265	2,952	**6,217**
45-54	4,966	3,552	**8,518**	2,941	2,855	**5,796**
55-64	4,705	3,690	**8,396**	2,503	2,643	**5,146**
65-74	2,921	2,316	**5,238**	1,726	1,681	**3,406**
75+	2,744	1,383	**4,127**	1,154	904	**2,058**
Total	**27,987**	**21,041**	**49,029**	**14,382**	**14,825**	**29,207**

Estimates of Overweight and Obesity in Children in Telford & Wrekin (Table 7)

- In Telford & Wrekin 2,596 children aged 2-10 years are estimated to be obese

TABLE 7: ESTIMATES OF CHILDHOOD OBESITY IN TELFORD & WREKIN

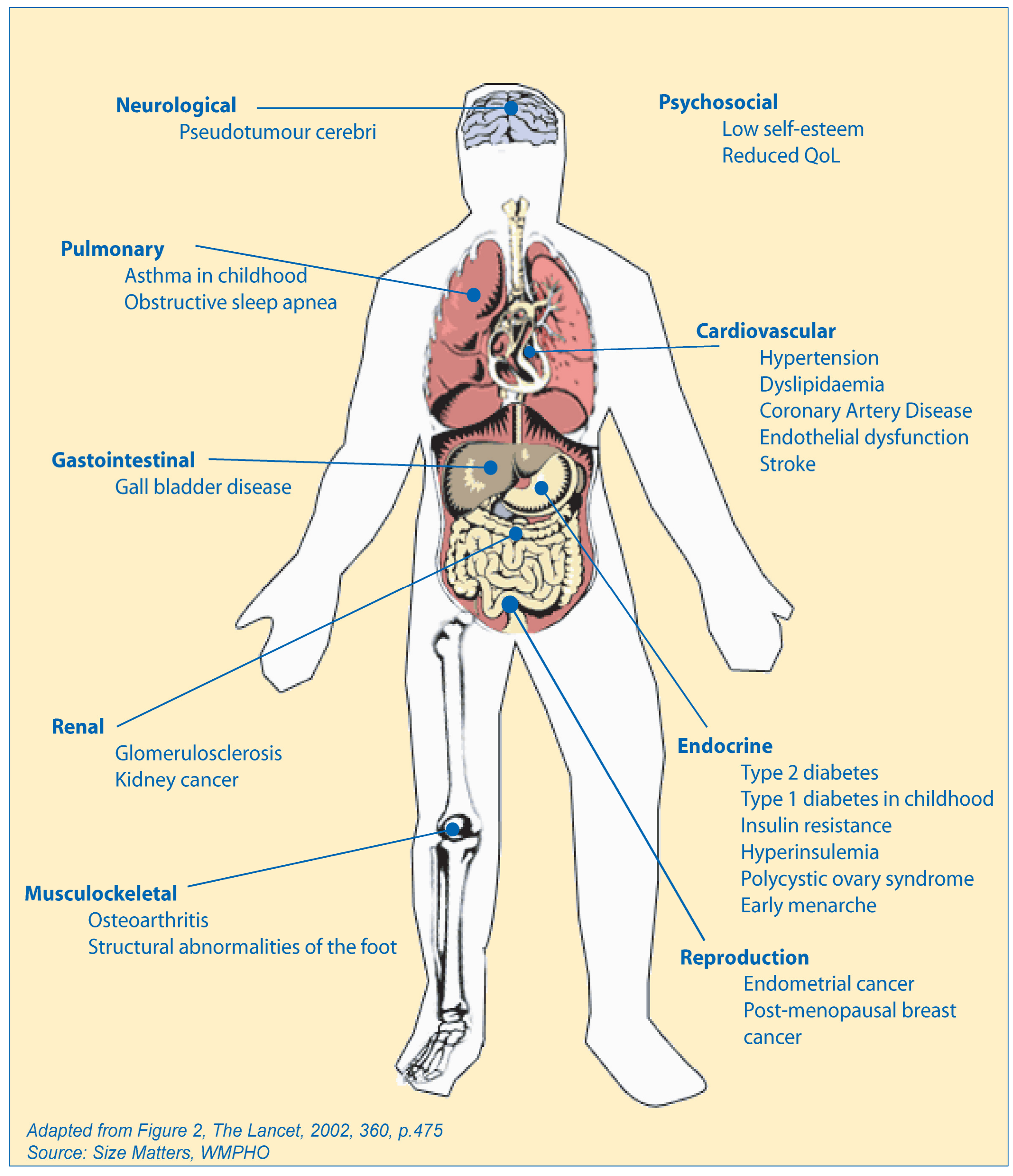
	Obesity prevalence (%)	Estimated no. in Telford & Wrekin
2-3 years	11.2%	426
4-5 years	11.2%	456
6-7 years	13.4%	588
8-10 years	16.5%	1,102
2-10 years total	13.7%	2,596

Source: Health Survey for England 2003, Telford & Wrekin PCT General Practice Population Register 2004

3.8 Who is at Risk of Becoming Overweight and Obese?

Obesity and overweight pose significant risks to health. Obesity can be considered as a disease in itself and as a risk factor for other diseases including coronary heart disease (CHD), Type 2 diabetes, some cancers, hypertension and high cholesterol. It reduces mobility and is associated with back pain and joint diseases. Obesity can also impact negatively on self-esteem and mental health. In children the associated morbidities include hypertension, type 2 diabetes, and exacerbation of conditions such as asthma. Some of the consequences of obesity are illustrated in diagram 1.

Diagram 1: Consequences of Obesity in children and adults



Adapted from Figure 2, The Lancet, 2002, 360, p.475
Source: Size Matters, WMPHO

There are certain medical conditions that predispose a person to gain weight, these include Cushing's Syndrome, Prader-Willi Syndrome, Bardet-Biedi Syndrome, Depression, Polycystic Ovary Syndrome and some medications are also associated with weight gain.

There are inequalities linked to obesity in terms of race, social class and gender among adults and children. Obesity and overweight is more common in socially disadvantaged groups. National surveys show that among professional groups 18% of women and 14% of men are obese compared to 28% of women and 19% of men in unskilled manual occupations. Patterns of obesity are similar in children with 12% among professional groups and 17% in those with parents from unskilled manual occupations.

Some ethnic groups are more likely to be obese in particular black Caribbean, Bangladeshi and Pakistani women. However levels of obesity among women across all South Asian ethnic groups are well above that of the general population. In addition they are more prone to adverse health outcomes. It has been estimated that a BMI of 27.5 or more in an Asian person is associated with comparable levels of ill health to those seen in a Caucasian person with a BMI of 30. Obesity in Asian children is four times more common than in white Caucasian children.

3.9 The Impact of Obesity

Reducing obesity would have a very positive impact on a number of specific diseases-one million fewer obese people in the UK could lead to around 15,000 fewer people with coronary heart disease, 34,000 fewer people developing Type 2 diabetes and 99,000 fewer people with high blood pressure. Many of the existing conditions and diseases identified earlier can be categorised as a chronic disease and as such clear linkages are required that recognise the impact that the prevention and reduction of overweight and obesity will have on these. A 5 -10% body weight loss in obese individuals can reduce blood pressure, reduce the risk of CHD and Type 2 diabetes. The following table (3) identifies health benefits of a 10 kilogramme weight loss in an adult.

TABLE 3: BENEFITS OF A 10 KG WEIGHT LOSS

COMPONENT	BENEFIT
Mortality	• Over 20% fall in total mortality • Over 30% fall in diabetes-related deaths • Over 40% fall in obesity-related cancer deaths
Blood pressure (in hypertensive people)	• Fall of 10mmHg systolic • Fall of 20mmHg diastolic
Diabetes (in newly diagnosed people)	• Fall of 50% in fasting glucose
Lipids	• Fall of 10% total cholesterol • Fall of 15% low density lipoprotein • Fall of 30% triglycerides • Increase of 8% high density lipoproteins
Other benefits	• Improved lung function, and reduced back and joint pain, breathlessness, and frequency of sleep apnoea • Improved insulin sensitivity and ovarian function when more than 5% weight loss occurs

Source: HDA (2004); SIGN (1996)

4. What Works in Practice - The Evidence

Obesity and overweight are both preventable among children and adults. The national evidence on obesity has been analysed by the Health Development Agency. They report good quality evidence for a small number of interventions for the prevention of obesity in children and for a broad range of treatment interventions for overweight and obesity in children and adults. The Health Development Agency acknowledge however the paucity of evidence for the prevention of adult overweight and obesity and for the maintenance of weight loss in children and adults. For a full list of the evidence available please see appendix (3) & (4).

There are three main categories for effective action to address overweight and obesity for adults and children. These are:

- Primary prevention, the permanent avoidance of overweight and obesity among healthy weight individuals

- Weight reduction for people with established overweight and obesity

- Long term maintenance of weight reduction for people who have reduced to a healthy weight

These can be divided into two complimentary approaches:

- The population approach which aims to prevent overweight and obesity across the population

- The at risk approach which aims to identify those at increased risk of becoming overweight or obese or those who are overweight and obese

4.1 The Population Approach – The Role of Nutrition and Physical Activity

At a population level the interventions considered to be relevant include improved diet and nutrition and increased physical activity. Good nutrition and physical activity play an important role in the prevention of overweight and obesity in the general population. Eating a balanced diet is essential for good health especially during key stages such as pregnancy, early infancy and early childhood. Current national recommendations on diet and physical activity include:-

- Increase intake of fruit and vegetables to 5 a day
- Increase in dietary fibre
- Reduction in saturated fat, salt and sugar
- For adults 30 minutes of moderate intensity physical activity on five or more days per week
- For children – at least 60 minutes of moderate intensity physical activity each day

Reducing levels of alcohol consumption could have a positive impact on the prevention of overweight and obesity. Breastfeeding can help to protect against obesity and juvenile onset diabetes in later life.

There are a range of national initiatives that support diet and nutrition and physical activity many of which have been implemented in Telford and Wrekin. In addition there are many examples of locally developed projects and programmes contributing towards improved diet nutrition and increased physical activity.

Locally there is a strong commitment for the delivery of services and projects to increase participation in sport and physical activity particularly amongst those who traditionally participate less. In 2004 the PCT and borough council launched the multi agency Lets Get Physical programme with funding from Sport England to encourage uptake of physical activity in areas of deprivation. The council has recently sought Beacon status for its approach in engaging hard to reach groups into leisure services.

Other examples of local innovation include Telford Football Community Partnership and the development of a Sports Academy and indoor facilities at the local college of further education. The local school sports partnership provides the focus for the delivery of PE, school sport and clubs across Telford & Wrekin primary and secondary schools. Telford & Wrekin PCT is a member of the Shropshire wide County Sports Partnership. There is an exercise referral scheme jointly delivered by the PCT & BT&W available through GP practices for those who are overweight and obese.

4.2 The At Risk Approach - The Role of Primary Care

The aim of managing overweight and obesity in primary care is to achieve and maintain weight loss by promoting long term changes in lifestyle. Primary care provides a setting for weight management interventions for adults as 75% of the population visit their GP each year, this figure rises to 90% in a 5 year period.

A care pathway for adults has been developed that covers assessment and weight management to enable health professionals to provide a structured approach for the prevention and management of overweight and obesity. To date a care pathway for children and young people has not been developed however national guidance for the monitoring of childhood obesity has recently been published. Locally research is underway to gauge the effectiveness of a lifestyle change intervention aimed at children aged 11-15 years.

Progress through the obesity care pathway is determined by a risk assessment approach based on the measurement of BMI and other risk factors. Specific interventions are available at key stages. Following clinical assessment against specific criteria clients can access two community based weight management programmes provided by the PCT– Why Weight and Why Weight Plus (previously known as Looking Good Feeling Better and Lifestyle Change) and Why Weight. The latter is a joint initiative with the BT&W offering weekly low cost exercise and nutrition sessions. Both interventions adopt a behavioural change approach using motivational interviewing and one to one support to improve nutrition and increase physical activity levels. The immediate goal is to prevent further weight gain, reduce body weight and to ultimately maintain weight loss.

Patients can also access STARS (the local exercise referral scheme) or a number of community based projects. Please see appendix for health promotion projects available to support patients accessing primary care (see Appendix 7).

There are currently two anti-obesity medications available recommended as one part of an overall treatment plan (see Appendix (9) for the drug treatment pathway from NICE. The final recourse is surgery for those who are morbidly obese. New national evidence for the clinical management of overweight and obesity in adults and children will be available from NICE in 2007. Table (4) summarises the guidance produced to direct appropriate interventions and is reflected in the care pathway.

Telford & Wrekin PCT Weight Management Pathway

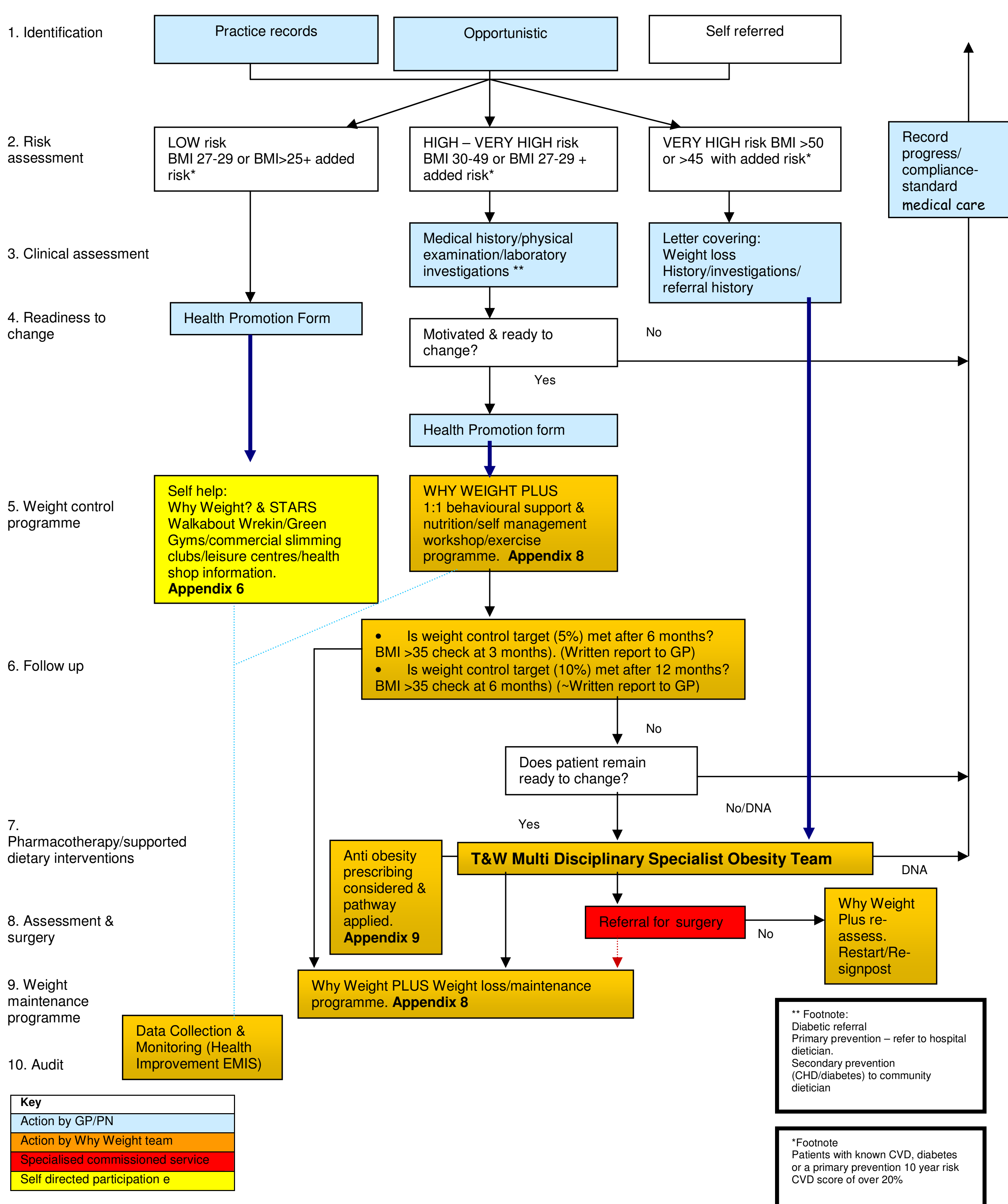


TABLE 4: A GUIDE TO SELECTING TREATMENT

TREATMENT	BMI CATEGORY				
	25-26.9 (overweight)	**27-29.9 (overweight)**	**30-34.9 (Class I obese)**	**35-39.9 (Class II obese)**	**≥ 40 (Class III obese)**
Diet, physical activity, behaviour therapy	With co-morbidities	With co-morbidities	+	+	+
Pharmacotherapy		With co-morbidities	+	+	+
Surgery			With co-morbidities		
Prevention of weight gain with lifestyle therapy is indicated in any patient with a BMI ≥ 25 kg/m², even without co-morbidities, while weight loss is not necessarily recommended for those with a BMI of 25-29.9 kg/m² or a high waist circumference, unless they have two or more co-morbidities.					
Combined therapy with a low-calorie diet, increased physical activity, and behaviour therapy provide the most successful intervention for weight loss and weight maintenance.					
The + represents the use of indicated treatment regardless of co-morbidities.					

Source: NHLBI (2000)

5. Gap Analysis

5.1 Local Consultation Process

In 2004/05 a local consultation exercise was conducted to underpin the obesity action plan. This was in two parts, the first aimed at health professionals included visits by the Director of Health Improvement to GP practices, interviews with GP's as well as questionnaires aimed at primary care and hospital staff to ascertain knowledge of local weight management services and identify gaps in provision. The second was aimed at partner organisations and mapped out local initiatives in physical activity and healthy eating.

Over 100 responses were received from health professionals working in primary and secondary care including 20 from local GP's. A summarised list can be found in appendix (5). The critical points identified are as follows:-

- Recognition of the importance of primary prevention as a key public health measure for children and young people
- Concern around the quality and nutritional value of some school meals
- A reluctance to overtly "medicalise" overweight and to ensure client is fully motivated to change
- Recognition that more could be done to systematically support clients with existing co-morbidities such as diabetes
- Range of views about the appropriateness and impact of medical treatment
- Concern about a perceived lack of access to obesity surgery for the morbidly obese
- Uncertainty about availability of existing obesity management services
- Need for a simple care pathway
- Need for one referral form for primary prevention initiatives
- Need for information on obesity, diet, physical activity for professionals and patients
- Need for information on the availability of local community based projects
- Need for training around nutrition, physical activity, weight management
- Need for hospital based obesity management service

The wider partner consultation revealed extensive coverage of work on nutrition and physical activity that will assist in the prevention and management of overweight and obesity. This work was actively supported by the Borough of Telford & Wrekin Leisure Services and Environmental Health teams.

5.2 Review of Current Activity

Following the consultation the second stage of the gap analysis reviewed local activity mapped against the three key components of effective practice. Only activity with a strong evidence base has been included, for a full list of local initiatives see Appendix (10). This mapping exercise identified gaps in provision. The action plan was developed based on the three key components for effective practice, the feedback from the consultation exercise and the identified gaps in provision.

6. Overview of the Action Plan

Preventing overweight and obesity is an integral part of the delivery plan for Choosing Health (2005), although opportunities have existed for a number of years within the national service frameworks on CHD, diabetes, children and young people to respond to this health issue. Locally considerable work has been taken forward around the prevention and management of overweight and obesity. In some instances this has been led by the PCT, however there are many examples of services, policies, and projects that are delivered by the local authority, voluntary and commercial sectors.

The action plan emphasises the importance of joint working between partner agencies and include areas for improvement around diet and nutrition, increasing physical activity, care pathways for the management and treatment of obesity in children and adults and up-skilling and training the wider workforce. In developing the action plan the following have been considered:-

- current prevalence of overweight and obesity
- future predictions of overweight and obesity
- consultation with local practitioners
- current provision of local activity and gaps in provision
- inclusion of effective interventions based on the latest evidence
- NICE guidance in 2007 will shape further actions

The overarching context is to:

- Establish a multi agency working group accountable for the delivery of the obesity action plan within Telford & Wrekin
- Endorse the multi agency action plan through the various partnership structures and key organisations within Telford & Wrekin
- Agree local targets for the delivery of the action plan and identify gaps in resources
- Provide an annual progress report on the action plan for adults and children
- Develop a physical activity multi agency strategy for adults and children
- Develop a multi agency nutrition strategy for adults and children
- Ensure that the obesity action plan complements plans such as breastfeeding to maximise impact
- Establish a multi agency working group accountable for the delivery of the obesity action plan within Telford & Wrekin

For both children and young people and adults, the action plan will be structured as follows:

- Permanent avoidance of overweight and obesity among healthy weight individuals
- Weight reduction for those who are overweight and obese
- Long term maintenance of weight reduction for people who have reduced to a healthy weight

Each of these sections will be structured to detail actions in the following areas:

- Data and monitoring
- Targets
- Information
- Training
- Interventions

APPENDICES

Appendix 1

List of Key Contributors

Lead and Coordinator:

Jo Robins, Head of Health Inequalities and Health Promotion, T&W PCT

Sarita Adams, Health Promotion Specialist and lead of Why Weight? Service

Dr Kevin Lewis, Public health specialist and lead, H2Q service

Helen Onions, Health Intelligence Manager

Mel Parker-Norton, Health Promotion Co-ordinator: Obesity

Helen Slater, Service Commissioner

Dr Catherine Woodward, Director of Health Improvement

Appendix 2

Measures of Obesity

Body Mass Index

Body Mass Index is referred as the BMI and is the measure of overweight and obesity. This is calculated by: weight divided by height squared, for example:

1. Using the metric conversion formula = weight (kg) / height (m^2)

   A person who weighs 78.93 kilograms and is 1.77 meters tall has a BMI of 25:
   78.93 kg / 1.77m^2 = 25

2. Using the non-metric conversion formula = [weight (pounds)/height (inches) 2] x 703

   A person who weighs 164 pounds and is 68 inches tall has a BMI of 25:
   [(164 pounds / 68 inches) ^{2}] x 703 = 25

Below is a table illustrating the classification of overweight and obesity by BMI and waist circumference associated with disease risk e.g. type 2 diabetes, hypertension, cardio-vascular

	***BMI (kg/m^2)**	**Obesity Class (level of severity)**	**Waist Circumference Men > 102cm/40 inches Women > 88cm / 35 inches = level of disease risk**
Underweight:	Below 18.5	-	-
Healthy Weight:	18.5 – 24.9	-	-
Overweight:	25.0 – 29.9	Grade 1	High
Obese:	30.0 – 39.9	Grade 2	Very high
Extremely obese:	40 or above	Grade 3	Extremely high

* BMI – World Health organisation definition

- In children, BMI varies greatly with age. Definitions of obesity and overweight therefore depend on comparison with age-and gender specific standards

- BMI cut off values are ethnic dependant and appear to be lower in certain populations; a BMI of 27.5 in an Asian person is associated with comparable morbidities to those seen in a Caucasian person with a BMI of 30

Waist Circumference Measurement

- The waist circumference measurement is a method of identifying the presence of excess fat in the abdomen in relation to the total body. Excess intra abdominal fat is also commonly referred to as ‘apple shape’. The measurement can be used as an independent predictor of risk factors and morbidity.

- Men: action zone measurement >102cm. Women, action zone measurement >88cm

Source: Royal College of Physicians – 2004
Clinical Guidelines on the identification, evaluation and treatment of overweight and obesity in adults.
National Institute of Health 1999

Appendix 3

Effective Interventions in the Treatment of Obesity

Table

Interventions for children and adolescents who are obese or overweight

Intervention	Grade of evidence	Active in Telford & Wrekin
Primary Prevention the permanent avoidance of overweight and obesity among healthy weight individuals		
School based multi faceted interventions (nutrition, physical activity, behaviour therapy, training, curriculum material, school meals & tuck shops)	1	
School based health promotion (curriculum to reduce TV, videotape, video game use)	2	
Family based behaviour modification programmes. to reduce weight	2	
Family based health promotion involving sustained contact with family	4	
Physical activity		
Organised & recreational activity to be key objectives :– sports strategy, primary liaison, out of school hours), community sport, coaching & leadership, pupil achievement	3	
Provision of safe walking/cycling routes to school	3	
Safe play areas in and out of school	3	
School based physical activity programmes	5	
Teacher training to cover diet/physical activity/bullying re obesity	3	
Curriculum authority diversify recreational activity to include dance/aerobics provision	3	
National Healthy Schools Scheme	4	✓
Promotion of active transport – walking buses and walking/cycling to school	4	✓
School travel plans including safer routes to schools	3	✓
Nutrition		
Development of cooking skills as part of curriculum	3	✓
Promoting healthy eating in pre-schools	3	
National school fruit campaign		✓
Nutritional standards for school lunches	3	✓
Weight reduction for children with established overweight and obesity		
Targeting parents & children with at least one parent	1	✓
Multi-faceted family based behaviour modification prog.(diet, exercise, lifestyle change, communication)	1	✓
Laboratory based exercise progs.	1	
Behaviour modification programmes with no parental involvement	2	
Family based behaviour modification programmes (abhor, diet, exercise education, involving parent child, whole family)	5	
Long term maintenance of weight reduction for children and young people who have reduced to a healthy weight		

Appendix 3

Effective Interventions in the Treatment of Obesity

Table 1

Interventions for adults who are obese or overweight

Intervention	Grade of evidence	Active in Telford & Wrekin
Primary prevention the permanent avoidance of overweight and obesity among healthy weight individuals		
Community based interventions	3	✓
Explicit promotion of walking through delayed national walking strategy	3	✓
Mass media campaign linking consequences of obesity in relation to chronic disease	3	
Health education campaign to raise awareness of types of food & drink conducive to health gain and importance of physical activity	3	
Town planning abeli. To prioritise pedestrians & cyclists	3	
Workplace health promotion to address active lifestyles	3	
Targeting of at risk groups – South Asians, African Caribbean's, residents in socially deprived areas, smokers ready to quit, people with learning/physical disabilities	3	
Work with food industry to ensure healthy versions of food available at affordable prices	3	
Legislation for traffic light labelling of energy dense foods	3	
Work with supermarkets & food outlets re product placing/pricing/sizing	3	
Physical Activity		
Healthcare Setting Referral to exercise specialist in community can lead to longer term (>8 months) changes in physical activity	1	
Brief advice from a GP with written materials can produce short term effect (6-12 weeks)	1	✓
Brief interventions with healthy individuals in primary care or other healthcare settings unlikely to effect longer term change (>8 months)	1	✓
Equivocal evidence for interventions in hospital outpatient clinics	1	✓
Community Setting Regular contact with exercise specialist	1	
Promotion of single factor activity with healthy individuals to promote moderate intensity activity (walking) in sedentary population	1	✓
Community based interventions produce short term changes	1	✓
Community based interventions aimed at individuals produce mid-long term changes	1	✓
Behaviour change approach (incl. skills dev.) tailored to individuals produce longer term changes	1	✓
Promotion of moderate intensity activity not facility dependent produce longer term changes	1	✓
Older Adults Telephone support and follow up for older adults	1	
Tailor made interventions for adults over 50 produce mid to long term changes	1	✓

Appendix 3

Effective Interventions in the Treatment of Obesity

Table 1

Interventions for adults who are obese or overweight

Intervention	Grade of evidence	Active in Telford & Wrekin
Behavioural or cognitive approaches with group & home based session produce longer term changes	1	✓
Promotion of moderate & non-endurance activities produce longer term changes	1	
Workplace	5	
BME groups/adults with learning/physical disabilities	5	
Green transport plan	5	
Promotion of active transport	5	
Promotion of the use of leisure services	5	✓
Health walks & non facility based physical activity	5	✓
Stair use promotion	5	
Nutrition		
Food advertising & promotion	3	
Cook and eat sessions	3	✓
Community cafes. Run on a local and 'not for profit' basis, often part of a wider community centre offering other services	3	
Community growing schemes. May vary from city farms to allotments or schemes set up on wasteland: can increase supplies of affordable vegetables and fruit	3	✓
Catering awards	3	✓
Community owned retailing (food co-operatives). Locally organised initiatives that can improve accessibility	3	
Community shops and similar schemes	3	
Farmers' markets. Markets that allow farmers and growers to sell directly to consumers	3	✓
Transport to shops schemes	3	
Supermarket tours. Usually led by a dietician or nutritionist with small groups of consumers	3	
Adoption of healthier catering practices in workplace catering and highlighting 'healthier' choices	3	✓
Increase the consumption of a wide variety of fruits and vegetables. Increase intakes of dietary fibre.	3	✓
Avoid an increase in the average consumption of red and processed meat	3	
Avoid the use of beta-carotene supplements to protect against cancer	3	
5 a Day Campaign. To increase the population average daily intake of fruit and vegetable to at least 5 portions	3	✓
Weight Reduction for people with established overweight and obesity		
Diet & increased physical activity combined	1	✓
Low fat diets with energy restriction	1	✓
Low calorie diets (1000-1500 kcals a day) weight loss benefit including reducing intra-abdominal fat no site specific benefit	1	✓
Combination of behavioural therapy strategies in conjunction with other weight loss practices	1	✓

Appendix 3

Effective Interventions in the Treatment of Obesity

Table 1

Interventions for adults who are obese or overweight

Intervention	**Grade of evidence**	**Active in Telford & Wrekin**
Low fat diets, without targeting energy restriction (where less than 30% of energy is from fat)	1	✓
Increased physical activity alone	1	
Clinically prescribed very low calorie diets (400-500 kcals a day)	1	✓
Worksite health promotion programmes	1	
Reminders to GP's to prescribe diets delivered by behavioural psychologists	1	
Brief educational intervention for GPs	1	
Shared care between GPs and a hospital service	1	
Use of in patient obesity treatment services	1	
Training for health professionals and leaders of self-help weight loss clinics.	1	✓
Extending the length of behavioural therapy	2	
Cue avoidance (reduce exposure to certain foods by making a variety of changes to their habits)	2	
Cognitive rehearsal	2	
Group behavioural therapy	2	
Provision of meal plans and grocery lists	2	
Correspondence courses	2	
Increased physical activity for the reduction of intra-abdominal fat no site specific benefit	2	
Increased dietary fibre intake	3	
Effectiveness of physical activity combined with diet versus diet alone or physical activity alone. 3 = grade of evidence. Relative effectiveness of clinically prescribed very low calorie diets vs calorie diets over the long term,.	3	
Individual weight management integrated with population interventions	4	
Small but steady change in diet & activity	4	✓
Combine diet, physical activity & behavioural therapy	4	✓
Spouse involvement	3	
Long term maintenance of weight reduction for people who have reduced to a healthy weight		
Orlistat, clinically effective in reducing a persons weight over a year when prescribed to those between 18-75 following clinical guidelines and appropriate training of primary care staff Sibutramine, randomised control trials show sibutramine produced a dose-related weight loss when prescribed as part of an overall treatment plan for management of nutritional obesity in people aged between 18-65 years	1	✓
Bariatric surgery for people with morbid obesity is associated with significant weight loss that is maintained for at least eight years when undertaken following strict criteria when all other measures have failed	1	✓
Self-help groups with therapist-led booster sessions	2	
Daily weight charting	2	
Continued therapist contact	4	
Higher physical activity levels	4	

Appendix 3

Effective Interventions in the Treatment of Obesity

Table 1

Interventions for adults who are obese or overweight

Intervention	Grade of evidence	Active in Telford & Wrekin
Increased physical activity (of 1500-2000 kcals per wk)	4	
Programmes focus on training in dietary & exercise behaviours compatible with weight loss (skills focus)	5	✓
Continued therapist contact with behavioural therapy & relapse prevention training	5	
Continued therapist contact by mail & phone	5	
Spouse involvement	5	
Spaced versus massed booster sessions	5	
Relative effectiveness of clinically prescribed very low calorie diets vs. low calorie diets over the long term	4	
Relative effectiveness of low fat with energy restrictions diets vs. low fat diets without calorie restriction alone	4	

Grading of evidence		
1	**-**	**Strong evidence**
2	**-**	**Limited evidence**
3	**-**	**Anecdotal evidence**
4	**-**	**Inconclusive evidence**
5	**-**	**Lack of evidence**

Sources

Guidance on Surgery for people with morbid obesity, NICE, 2002

Guidance of Sibutramine for obesity, NICE 2001

Mulvihill and Quigley R, The management of obesity & overweight. An analysis of reviews of diet, physical activity and behavioural approaches. Evidence briefing 1. Health Development Agency, Oct 2003

Hillsdon M, Foster C, Naidoo B & Crombie H, A review on the effectiveness of public health interventions for increasing physical activity amongst adults: A review of reviews. Health Development Agency 2004

Appendix 4

Drug treatment and surgery based on NICE guidelines

	Intervention
Drug Treatment	Orlistat, clinically effective in reducing a persons weight over a year when prescribed to those between 18-75 following clinical guidelines and appropriate training of primary care staff Sibutramine, randomised control trials show sibutramine produced a dose-related weight loss when prescribed as part of an overall treatment plan for management of nutritional obesity in people aged between 18-65 years.
Bariatric Surgery	Surgery for people with morbid obesity is associated with significant weight loss that is maintained for at least eight years when undertaken following strict criteria when all other measures have failed

Source: Knowsley PCT and Knowsley Council. Energise Knowsley! Eat well, keep active, stay healthy. An obesity strategy for Knowsley, April 2004 (Adapted from NICE guidelines)

Appendix 5

Results of the Consultation Exercise

Table 2 Knowledge of Local Projects

Initiative	Are you aware of	Do you know how to refer to	Do you refer patients to	If you had more information would you refer patients?
Lifestyle Change Obesity Manage. Project	52%	41%	28%	100%
Looking Good Feeling Better Project	47%	37%	30%	98%
STARS exercise referral scheme	87%	70%	49%	100%
Cooking courses	14%	11%	6%	87%
Walkabout Wrekin organised health walks	55%	31%	20%	96%
The Health Shop	60%	46%	32%	93%
Community based exercise classes	21%	11%	13%	94%

Over 100 responses were received from primary and secondary care health professionals, including 20 from GPs, which are summarised below:

Comments have been summarised below:

- Many said they had not received information about initiatives.
- If written information was available – many practitioners were reluctant to use this for fear it was out of date.
- Many were unclear about whether services and initiatives were referral only or open access, and requested clearer pathways.
- Regular reminders about services/initiatives were requested.
- More clarity re referring patients appropriately was requested.
- More simplistic referral forms requested. One referral form for all primary prevention was regularly suggested.

Summary of suggestions for improvement

- Information of all primary prevention services available on Internet. Access to site to be available at community venues/and/or at surgery for patients, and attached to PCT website for health professionals. (Possible touch screen technology?)
- Basic leaflet listing contacts and pathways for patients of all primary prevention services.
- One joint referral pad for all referral services.
- More use of video health information in waiting rooms.
- Prompt posters (laminate) for health professionals listing main contacts.
- Updateable directory for health professionals
- Increased health promotion contact.
- Leaflet packs for patients.
- Training re: nutritional advice/motivation.

Waist expanding?
Clothes getting tighter?

Why Weight?

Your local low cost NHS slimming club

*ONLY for those whose waists are expanding!

Mixed sessions and **men only** sessions available.

See overleaf for details

*Six pack and flat belly owners need not apply!

At **Why Weight?** – we will not be surprised if your weight goes down, up or says the same.

Why?

Because we know that everyone's weight changes all the time.

All we want to do is help you keep your weight heading in the right direction.

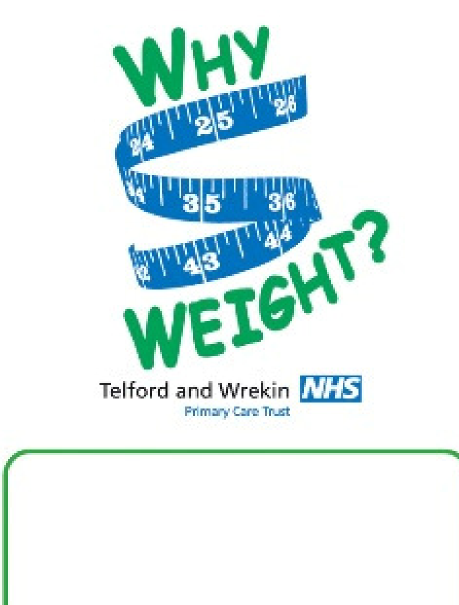
How?

At **Why Weight?** we share practical, realistic, down to earth ideas about food, eating, mood, keeping active and dealing with those life issues that make losing weight so hard. We run weekly sessions which include a hands on **nutrition workshop** and a **'Waist not Want not'** exercise session. No joining fee & free **Why Weight?** pack and information file at your first visit.

Prices per session:

- £2.60 Concessionary
- £3.15 With Flex Card
- £3.50 Without discount

Why Weight? Clubs open across Telford and at all Leisure Centres. For details of your nearest **Why Weight? Club** and consessionary rate eligibility telephone: **01952 582659.**



Appendix 7

Health Promotion Referral Form

Name Address Postcode	D.O.B.
	NHS number:
	Sex:
	BP Reading
Contact telephone number	BMI

Ethnic Origin White ☐ Black ☐ Mixed ☐ Asian ☐ Other ☐

Overweight-why weight	Obese-why weight plus (Lifestyle Change)			
BMI 27-29 Or BMI > 25 plus added CVD risk	BMI 30-39 or BMI 27-29 plus added CVD risk			
	CVD risk >20% ☐	CHD risk >15% ☐	Existing CHD ☐	Diabetes ☐

Physical activity scheme - STARS (Shropshire and Telford Activity Referral Scheme)

Reason for referral: (you can select more than one) **BP MUST be between 100/40 to 160/100**

☐ CHD Risk	☐ Depression/anxiety	☐ Ante/post natal
☐ Existing CHD (BACR IV)	☐ Cancer	☐ Musculoskeletal
☐ Osteoporosis	☐ Physical/learning disabilities	☐ Weight control
☐ Diabetes	☐ Older people	☐ Asthma/pulmonary
☐ Arthritis	☐	

List medications that link to reason for referral (please inc. beta blockers if prescribed)

Smoking Cessation / Help to quit (inc. H2Q for youth)

Regular smoker ☐ Motivated to Quit ☐

(Both answers **MUST** be selected)

Older People Activities and opportunities

Anyone over the age of 60 ☐

Mental Health

Anyone who could be supported by projects and workers in this field ☐

I understand the scheme administrators will keep my personal details for auditing and evaluation in accordance to the data protection act. No details will be shared with 3rd parties without my expressed consent.

Referring practice name and address	Patient's signature ___________________________ Doctors signature ___________________________ Date

Name Address Postcode	D.O.B. NHS number: Sex: BP Reading
Contact telephone number	BMI

Ethnic Origin White ☐ Black ☐ Mixed ☐ Asian ☐ Other ☐

☐ **Why Weight Plus**
You have been referred to the Why Weight Plus Service You need to phone 01952 686310 between 9.30-2.30 Mon – Fri to make an appointment see to a Lifestyle Change Worker. The Why Weight Plus Service is for those people who are overweight and whose health is at risk. It is especially for people who are finding it very difficult to lose weight. NEXT STEP: Call 01952 686310- Monday to Friday 9.30-2.30 to make your appointment with a Lifestyle Change Worker.
☐ **Why Weight**
You have been referred to the Why Weight Service. Please now call the CHEC centre on 01952 582659 and they will give you information to enable you to join a session close to you NEXT STEP: Call 01952 582659 to find your closest session
☐ **STARS**
You have been referred to the STARS scheme. You will now need to see a STARS assessor. Call 01952 686310 to find out the details of your local assessor and make an appointment. To join STARS it cost the same as two prescription charges. This fee is applicable to all, whether you are normally in receipt of free prescription. For this payment you will receive a physical activity assessment, a physical activity programme and a follow up assessment in 10-12 weeks. NEXT STEP: Call 01952 686310 to find out the detail of your local assessor

Reason for referral: (you can select more than one) **BP MUST be between 100/40 to 160/100**

☐ CHD risk	☐ Depression/anxiety	☐ Ante/post natal
☐ Existing CHD (BACR IV)	☐ Cancer	☐ Musculoskeletal
☐ Osteoporosis	☐ Physical/learning disabilities	☐ Weight control
☐ Diabetes	☐ Older people	☐ Asthma/pulmonary
☐ Arthritis	☐ Other (specify):	

List medications that link to reason for referral (please inc. beta blockers if prescribed)

☐ **Help 2 Quit**
You have been referred to the smoking cessation service. To be seen by a smoking cessation nurse make an appointment at your local GP practice. NEXT STEP: Make an appointment at your GP practice to see the nurse based at your surgery.
☐ **Older People**
For further information on activities and sessions for you call CHEC on 01592 582659, or email CHEC@telfordpct.nhs.uk or drop in at Madeley High Street, Madeley, Telford.
☐ **Mental Health**
For further information on activities and sessions for you call CHEC on 01592 582659, or email CHEC@telfordpct.nhs.uk or drop in at Madeley High Street, Madeley, Telford.

I understand the scheme administrators will keep my personal details for auditing and evaluation in accordance to the data protection act. No details will be shared with 3rd parties without my expressed consent.

Referring practice name and address	Patient's signature ____________________________ Doctors signature ____________________________ Date

Appendix 8

Your doctor/nurse has referred you to the Why Weight? Plus service to help you lose weight.

You will need to telephone or email us to make an appointment that is best for you. You will not be sent one automatically.

What sort of help do you offer?

When you attend your first appointment (remember you must telephone to make the appointment yourself!) – a weight loss mentor will talk with you about your weight and why it might be difficult for you to lose weight and/or keep it off. The worker is trained to help you to work out realistic plans to overcome the difficulties you have in losing weight and will help you design a practical personalised action plan considering the food you eat, your options for physical activity and your home/work/family circumstances and pressures.

You will be offered a variety of options including:

- **A weekly Why Weight? Masterclass with weigh-ins.** Masterclasses are held across Telford on topics such as portions, snacking, changing habits, food and mood and goal setting for exercise.
- Practical cooking skills sessions for weight loss.
- Exercise classes JUST for overweight people
- Personalised exercise packages
- Why Weight? Plus newsletter
- Food Diary analysis
- Why Weight? Takeaway programme of events competitions and challenges
- Walking groups and exclusive swim sessions
- Specialist activities and information for other needs – e.g. for ethnic minorities, and those with disabilities.

How much support will I get?

The Why Weight? Masterclass offers weekly contact with a weight loss mentor

Plus Phone and email support

Plus Individual appointments with your weight loss mentor 12 weeks, 6 months and 12 months after your first appointment.

But I'm very overweight, I've tried it all before and nothing works for me.

Each year we work with hundreds of people like yourself who struggle with their body image but feel demoralised about ever being able to look and feel healthier.

For those who take up the **Why Weight? Plus** service – gradual weight loss becomes a way of life – despite the odd hiccup.

Consider this – if you just lost 1lb a week for one year – you would lose nearly 4 stone!

We don't make big promises, but we know from our experience that we can help you look and feel healthier.

To make your appointment please ring: 01952 686314 or email: weightloss@telfordpct.nhs.uk

Telford and Wrekin NHS Primary Care Trust

Overweight?

Weight Management Service

What does it cost?

This is a FREE service. However, small subsidised charges may apply to exercise and cooking sessions.

How do I make an appointment?

Telephone 01952 686314
Monday to Friday
Appointments are available across Telford
(late appointments available)
Or
Email: weightloss@telfordpct.nhs.uk
All emails are dealt with in confidence

Telford and Wrekin NHS
Primary Care Trust

We won't fool you into thinking its easy to lose weight.

Because we know it isn't.

This NHS weight loss service has been designed to help overweight people put their best intentions into practice.

Not only do we provide practical help and ideas around what food to eat, portions, snacking, meal planning and how to exercise **without** having to join a gym, but our weight loss mentors are trained to help you develop the confidence and motivation to make changes and keep to those changes, even if you have set backs from time to time.

We would rather you be honest and realistic with yourself about what you can really achieve, than keep disappointing yourself, and we certainly won't tell you off if you don't lose weight.

What people say...

"I've learnt how to plan and am now going to the exercise class. I like the fact that they are private and I feel comfortable there"

"The visual demonstrations at workshops brought the messages home"

"It's a slow process, my weight is slowly coming off but I feel that I can do it."

"After all these years I now realise that making little changes does make a difference"

"Why Weight? Plus has given me the tools and strategies to maintain a healthy lifestyle – with no more yo-yo dieting!"

Appendix 9

Drug Treatment of Obesity in Adult Patients

Obesity occurs when a person puts on weight to a point that it seriously endangers their health. Some people are more susceptible to weight gain for genetic reasons, but the fundamental cause is consuming more calories than are expended in daily life.

Obesity WHO classification

Classification	BMI (kg/m^2)	Associated Health Risks
Underweight	< 18.5	Low (but risk of other clinical problems increased)
Normal	18.5 – 24.9	Average
Overweight	≥ 25.0	
➢ Pre-obese	25.0 – 29.9	Increased
➢ Obese class I	30.0 – 34.9	Moderately Increased
➢ Obese class II	35.0 – 39.9	Severely Increased
➢ Obese class III	≥ 40.0	Very severely increased

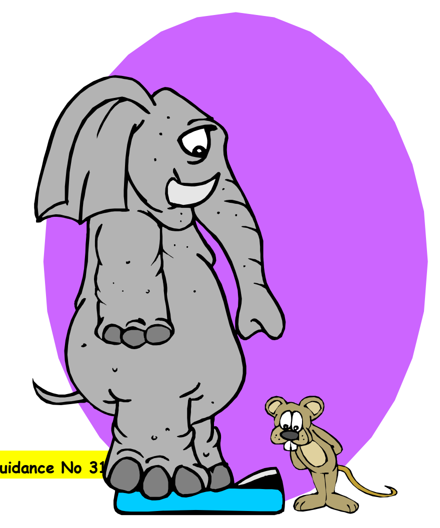
Scary facts about obesity[1]

In England

- 1 in 5 adults is obese
- The number has trebled over the last 20 years
    - In 1980 – 8% of women, 6% men
    - In 1998 – 21% of women, 17% men
- Nearly two thirds of men and over 50% of women are overweight or obese
- Virtually all obese people develop some associated physical symptoms by the age of 40
- The majority require medical intervention for diseases that develop as a result of obesity by the age of 60.
- Modest weight reductions confer significant health benefits.

Lifestyle interventions are the key[2]

- Healthy balanced diet – as for general population
    - Low saturated fat
    - Plenty of fruit and vegetables (5 portions each day)
    - High fibre diet
    - 2-3 portions of fish each week (especially oily fish)
    - Regulate salt intake
- Stop smoking
- Increase physical activity



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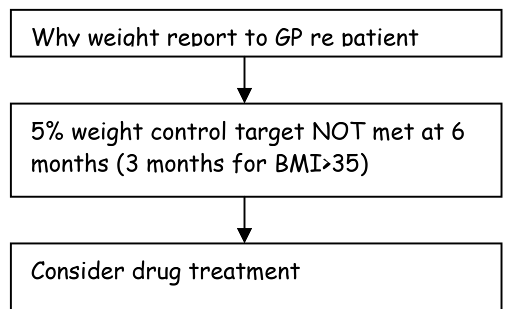
1. National Audit Office. Tackling obesity in England. 15th February 2001. HMSO.
2. Anon. Type 2 diabetes. The management of blood glucose. MeReC Briefing 2004 issue 25
3. NICE Technology Appraisal Guidance — No. 22. Guidance on the use of orlistat in adults. March 2001.
4. Guidance on the use of sibutramine for the treatment of obesity in adults. NICE Technology Appraisal Guidance No 31 October 2001.

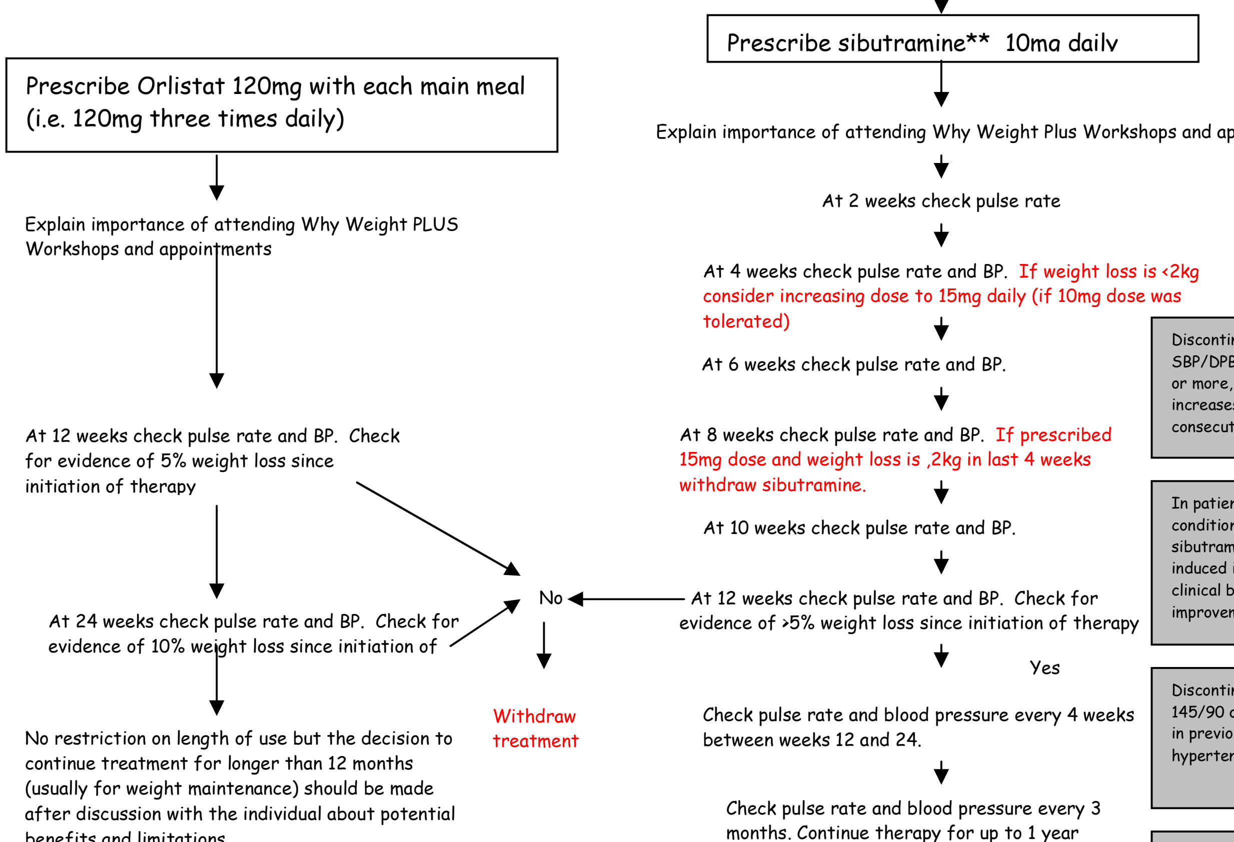
Drug treatment of obesity in adult patients

Referral to Why Weight Plus Programme (this programme offers support and counselling on diet, physical activity and behavioural strategies)



Orlistat[3] (First line choice)
Indications:
- Patients with nutritional obesity and BMI ≥ 30Kg/m^2
- Patients with nutritional excess weight and BMI ≥ 28Kg/m^2 + other obesity related risk factors (e.g. type 2 diabetes)

Sibutramine[4] (second line choice)
Indications:
- Patients with nutritional obesity and BMI ≥ 30Kg/m^2
- Patients with nutritional excess weight and BMI ≥ 27Kg/m^2 + other obesity related risk factors (e.g. type 2 diabetes)



Discontinue sibutramine if SBP/DPB increases by 10mmHg or more, or resting heart rate increases by at least 10bpm at 2 consecutive visits

In patients with co-morbid conditions only continue sibutramine if weight loss induced is associated with other clinical benefits (e.g. improvement in lipid profile)

Discontinue sibutamine if BP is 145/90 on two consecutive visits in previously well-controlled hypertensive patients

Check pulse rate and blood pressure every 3 months. Continue therapy for up to 1 year

Treatment should not be continued with sibutramine in patients who regain 3kg or more after previously achieved weight loss

For contraindications, drug interactions and side effects refer to BNF and appropriate summary of product characteristics (SPC).

** Treatment with sibutramine 10mg/15mg should only be given as part for a long term integrated therapeutic approach for weight reduction under the care of a physician experienced in the treatment of obesity

Current Provision Aimed at Adults

Appendix 10

Permanent avoidance of overweight and obesity among healthy weight individuals						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged 04/05**	**Position**
Physical Activity						
Lets Get Physical Programme	Inequalities	Participation in physical activity Increase in regular physical activity Moderate physical activity of 30 minutes x 5 per week	Numbers/range of groups participating Regularity of physical activity	PCT/BT&W		T - PN 2004-07
Aerobics Training	Women inequalities	Increase in knowledge benefits of physical activity Increase in regular physical activity	Numbers completing course/delivering sessions Regularity of physical activity	PCT	4	PN Ongoing
Walkabout Wrekin	General population	Participation in physical activity/increase in regular physical activity	Numbers participating Regular attendance	BT&W	700 April 2000-2005	GA Ongoing
Bee Active Project	Older people	Improved mobility Increase in physical activity	Numbers participating Regular attendance	PCT	50 per week	PN Pilot
Health & Well-Being Project	Workplace-general population	Participation in physical activity	Numbers participating	Police	300	Pilot
Green Gym	CMHT – clients, older people	Participation in physical activity	Numbers participating	BCTV/PCT	30 (1-3 x per week)	GA 2004-07

Target group - *Inequalities includes BME, learning disabilities, physically disabilities, priority neighbourhoods, looked after children*
Position *– GA – generally available, T – targeted, PN – priority neighbourhood*
Figures as at 2005

Permanent avoidance of overweight and obesity among healthy weight individuals						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged 04/05**	**Position**
Healthy Eating						
Community Food Project North Telford	Inequalities	Increase consumption of fruit and vegetables Increased knowledge of healthy eating Development of cooking skills Better access to healthy food Improved diet	Knowledge levels Consumption of fruit and vegetables Range of groups participating Numbers participating	PCT	73	PN 2004-06
Community Food Project Sure Start - Jubilee South Telford	Inequalities	Increase consumption of fruit and vegetables Increased knowledge of healthy eating Development of cooking skills Better access to healthy food Improved diet	Knowledge levels Consumption of fruit and vegetables Range of groups participating Numbers participating	PCT/BT&W Sure Start	62	PN 2004-06
Healthy Eating Award	Social Services - older people	Healthier options available for service users Increased knowledge of staff	Award achieved (bronze, silver, gold)	BT&W		Ongoing GA
Nutrition & weight management training	Practice Nurses Community based health/social/voluntary workers	Increased knowledge of nutrition Increase in skills re motivational interviewing	Range of groups participating Increase in knowledge levels Increase in skills	PCT	27	GA Pilot
Diabetes Education Group	Patients and carers with diabetes	Increased knowledge of nutrition		PCT	25	GA Pilot
Educational Pack Resource (Red Pages)	Practice staff	Increased knowledge of nutrition Increased knowledge of local support/services for patients Improved support for patients	Increase in knowledge levels of practice staff	PCT		GA Ongoing

Current Provision Aimed at Adults

Appendix 10

Weight Reduction for those who are obese and overweight						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged 04/05**	**Position**
Lifestyle Change (primary care obesity management service) Lifestyle Change Obesity Clinic PRH	Patients BMI>28 plus co-morbidity Obese patients	Weight reduction Improved knowledge of nutrition Increase in consumption of fruit and vegetables Increased participation in physical activity Participation in regular physical activity Weight reduction Improved knowledge Increase in fruit & veg	Health checks Weight BMI Regularity Physical activity BMI Weight reduction	PCT	694	Ongoing Pilot
Looking Good Feeling Better (Community)	BMI>25 plus co-morbidity	Weight reduction Improved knowledge of nutrition Increase in consumption of fruit and vegetables Increased participation in physical activity Participation in regular physical activity	Health checks Weight BMI Regularity Physical activity	PCT	327	Ongoing
STARS	Patients with disease morbidity	Reduced risk of cardiovascular disease Increase in physical activity levels Weight reduction	Condition Weight BMI Levels of PA	PCT/BT&W	846	GA Ongoing
Prescribed Anti-obesity medication Orlistat	Obese patients	Number of prescriptions = 2357	BMI Weight	PCT	2357	Ongoing
Sibutramine	Obese patients	Number of prescriptions = 989	BMI Weight	PCT	989	Ongoing

Weight Reduction for those who are obese and overweight						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged 04/05**	**Position**
Surgical management morbid obese – based on specialist commissioning agency interpretation of NICE guidance	Morbidly obese	Weight reduction	Consultant follow-up post operatively. MDT. Review of weight. BMI. Physical activity.	Secondary care provider to be confirmed	15 cases per annum £80k	About to place contract for service

Current Provision Aimed at Adults

Appendix 10

Long term maintenance of weight reduction for people who have reduced to a healthy weight						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged**	**Position**
Physical Activity						
Walkabout Wrekin	General population	Participation in PA/ increase in regular PA	Numbers	BT&W	700	GA Ongoing
Lets Get Physical Community based projects	Health inequalities – referrals from Lifestyle Change/LGFB	Participation in PA Increase in regular PA 30 mins x 5 Range of groups represented	Numbers Target groups Regularity	PCT/ BT&W Sport England		PN 2004-07
STARS	Patients with disease morbidity	Reduced risk of cardiovascular disease Increase in physical activity levels Weight reduction	Condition Weight BMI Levels of PA	PCT/BT&W	846	GA Ongoing
Healthy Eating						
Behaviour Change Programmes						
Lifestyle Change Obesity Management	Patients BMI>28 plus co-morbidity	Weight reduction Increase healthy eating Participation in physical activity Increase in physical activity levels Motivation	Health checks Weight BMI Levels of PA	PCT	694	Ongoing

Current Provision Aimed at Children and Young People

Appendix 10

Permanent avoidance of overweight and obesity among healthy weight individuals						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged**	**Position**
Physical Activity						
Lets Get Physical	Inequalities	Participation in physical activity Increase in regular PA Moderate PA of 1hr x 7	Numbers / range of groups Regularity of PA	PCT/BT&W		T – PN 2004-07
Busy Breaks	Primary school	Participation in PA	Numbers	PCT/BT&W	38 primary schools	GA Ongoing
TOPS Training	Nursery 2-4	Participation in physical activity parents and children	Levels of PA	PCT	4 groups	GA Ongoing
Whizz Kids	Primary Schools	Increased awareness of physical activity Participation in physical activity	Knowledge levels Numbers participating	BT&W	7000 2000-2005	GA TBD
Schools for Health	Primary & Secondary schools	Increase in regular physical activity	Numbers Sport/PE module	PCT/BT&W	4 secondary 32 primary	GA Ongoing
Urban Girlz	Asian girls	Increase in regular physical activity	Numbers Regularity of PA	PCT	68	T - PN
Cycling Proficiency	Children aged 11 years - priority neighbourhoods	Participation in physical activity Children achieving test	Cycling proficiency test	BT&W		TBD
Free Swimming	Children aged 5-15 years - priority neighbourhoods	Participation in physical activity Children learning to swim	Numbers participating Learn to swim	BT&W	390	TBD
Healthy Eating						
Community Food Project North Telford	Priority neighbourhoods - North Telford Schools only	Increase consumption of fruit and vegetables Increased knowledge of healthy eating	Knowledge levels Healthy eating initiatives	PCT	982	PN 2004-06

Project	Target Group	Outcome	Measurement	Lead Agency	Numbers Engaged	Position
Community Food Project – Sure Start Jubilee	Families / Children under 4 in Sure Start area	Increase consumption of fruit and vegetables Increased knowledge of healthy eating Increase cooking skills	Knowledge levels Healthy eating initiatives	PCT/BT&W Sure Start	17	PN 2004-06
Healthy Eating Award	Primary & Secondary Schools	Healthier options available	Award achieved	BT&W	All BT&W primary & secondary schools	GA Ongoing
National Fruit Scheme	Primary	Increased consumption fruit and vegetables	Pieces of fruit consumed	DfES		GA Until 2007
Breakfast Clubs	Primary/ secondary	Breakfast children in poverty	Number established	BT&W	27 primary 1 secondary 1 bh vol unit	GA
Schools for Health	Primary & secondary schools (target FSE)	Healthier options Curriculum input Increase knowledge	Healthy eating module	PCT/ BT&W	4 secondary 32 primary	GA Ongoing

Current Provision Aimed at Children and Young People

Appendix 10

Weight reduction for those who are obese and overweight						
Project	**Target Group**	**Outcome**	**Measurement**	**Lead Agency**	**Numbers Engaged**	**Position**
Lifestyle Change for Young People (obesity management action research project)	11-15	Reduction in weight Increase in physical activity Increase self esteem Increase knowledge benefits of PA and diet	Weight Body fat Waist Fitness Levels of PA	PCT		3 year programme
Long term maintenance of weight reduction for children who have reduced to a healthy weight						

Useful Publications

1. National Audit Office (2001) Tackling Obesity in England. Available at www.nao.org.uk/publications/nao_reports/00-01/0001220.pdf.

2.Department of Health (2005) Delivering Choosing Health: making healthier choices easier. Available from Department of health Website at www.dh.gov.uk/publications

3. Department of Health (2005) Choosing a Better Diet: a food and health action plan. Available at Department of Health Website at www.dh.gov.uk/publications.

4. Department of health (2005) Choosing Activity: a physical activity action plan. Available at Department of health Website at www.dh.gov.uk/publications.

5. Department of Health (2004) At least five a week: evidence on the impact if physical activity and its relationship to health. Available at Department of health Website at www.dh.gov.uk/publications.

6. The Faculty of Public health (2004) Nutrition and Food Poverty Toolkit. Available at Faculty of Public Health website at www.fph.org.uk. Toolkits can be located under the policy and communications section.

7. The Faculty of Public Health (2004) Tackling Obesity – a toolbox for Local Partnership Action. Available at Faculty of Public Health website at www.fph.org.uk. Toolkits can be located under the policy and communications section.

8. Health Development Agency (2003) the management of obesity and overweight: an analysis of reviews of diet, physical activity and behavioural approaches. Available at www.publichealth.nuce.org.uk.

9. House of Commons, HEALTH Committee Report on Obesity (2004) Available at www.parliament.the stationery-office.co.uk/pa/cm/cmhealth.htm.

10. Engaging Communities Learning Network (2005) Stories that can change your life: communities challenging health inequalities. Available at www.natpact.nhs.uk

11. National Institute for Clinical Excellence (NICE) (2002). Guidance on the use of surgery to aid weight reduction for people with morbid obesity. Available at www.nice.org.uk

12. NICE (2001a). Guidance on the use of Orlistat for the treatment of obesity in adults. Available at www.nice.org.uk

13. NICE (2001b) Guidance on the use of Sibutramine for the treatment of obesity in adults. Available at www.nice.org.uk

14. The Scottish Intercollegiate Guidelines Network (2003). Management of obesity in children and young people. A national clinical guideline. Available at www.sign.ac.uk/guidelines/published/

15. The National Obesity Forum Pharmacotherapy Guidelines for obesity Management in Adults. Available at www.nationalobesityforum.org.uk

Useful websites

1. www.iotf.org
Website of the International Obesity Task Force. Lots of useful information and links to other websites.

2. www.nationalobesityforum.org.uk
Website of the UK National Obesity Forum. Guidelines, educational material, articles of interest, best practice awards, all parliamentary groups on obesity.

3. www.who.int/topics/obesity
Work Health organisation Global Strategy on diet, physical activity and health

4. www.eatwell.gov.uk
Healthy eating section of the Food Standards Agency website with a link to the Foods Standards Agency.

5. www.bhfactive.org.uk
Website of the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University.

6. www.cdc.gov/nccdphp/dnpa
Website of the nutrition and physical activity section of the US National Centre for Chronic Disease Prevention and Health Promotion.

7. www.paguide.com
Physical activity guides from the Public health Agency of Canada.

8. www.sprotengland.org
The Sport England website with advice about how to get funding.

9. www.win.niddk.nih.gov
The US National Institute of Health Weight Control Information Network. Several useful publications.

10. www.bbc.co.uk.science/hottopics/obesity
The BBC website with up-to-date information about obesity in the UK.

11. www.prodigy.nhs.uk/guidance.asp?gt=Obesity
Prodigy guidelines on obesity.

12. www.5sday.nhs.uk
The national 5 A DAY website.

13. www.whi.org.uk
The walking the Way to Health Initiative. Lots of useful advice, contacts and a walk finder.

14. www.idleeric.co.uk
A walking campaign website with a character designed by Viz.

15. www.walknorth.org.uk
The walk north website covering Tyne and Wear and Northumberland.

16. www.cambridge-diet.com
The official website of the Cambridge Diet.

17. www.weightwatchers.co.uk
The Weight Watchers website.

18. www.slimmingworld.co.uk
The Slimming World website.

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2. British heart Foundation National Centre for Physical Activity. (2001) Physical Activity Tool Kit. British Heart Foundation.

3. Department of health (2004) Choosing Health – Making Healthier Choices Easier - Department of Health.

4. Department of Health (2001) National Service Framework for Diabetes. Department of Health

5. Department of health (2000) The NHS Cancer Plan. Department of Health.

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9. House of Commons Health Committee (2004) Obesity: Third Report of Session 2003 – 04. Volume One. The Stationery Office Ltd.

10. Royal College of Physicians (2004) Report of Working Party: Storing up Problems – the Medical Case for a Slimmer Nation. Royal College of Physicians

11. Wanless D. (2004) Securing Good health for the Whole Population. Department of Health.

12. British Heart Foundation statistics Website – Joint Health Survey Unit (2002) Health Survey for England: the Health of Minority Ethnic Groups 1999. The stationery office: London.

13. West Midland Public Health Observatory (2005): Size Matters – Tackling Obesity. West Midlands Health Issues

14. Faculty of Public health (2005): A tool kit for developing a local strategy to tackle overweight and obesity in adults and children. A Consultation Document

15. Obesity, Healthcare Needs Assessment (2004). Radcliffe Publishing Ltd.

16. NHS Alliance, Commissioning Obesity Services (2005): Guidance to PCTs