

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 16th July 2014
AGENDA ITEM:	9
SUBJECT:	Rapid Healthy Weight Strategic Needs Assessment 2013/14
BOARD SPONSOR:	Dr Mike Robinson Director of Public Health Hannah Miller, Director of Adult Services, Health and Housing Paul Greenhalgh, Director of Children, Families and Learning Paula Swann, Chief Officer, Clinical Commissioning Group

CORPORATE PRIORITY/POLICY CONTEXT:

Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).

FINANCIAL IMPACT:

Overweight and obesity and their associated health problems have a significant [economic impact on the NHS](#).

In addition, obesity has a wider financial implication for educational attainment (general trend of rising obesity prevalence with decreasing level of education) and social care (obesity is associated with the development of long-term health conditions), placing demand on social care services.

The recommendations set out an approach to see a downward sustained trend in levels of obesity in children and adults.

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

1. Consider the rapid Healthy Weight chapter, approve the document in principle and delegate final approval of any further amendments to the responsible directors.
2. Note the recommendations.

In addition, this report recommends that the health and wellbeing board:

3. Endorse the recommendations of the rapid Healthy Weight JSNA.

2. EXECUTIVE SUMMARY

2.1 The Rapid Healthy Joint Strategic Needs Assessment is one of 2 rapid needs assessments forming part of Croydon's 2013/14 JSNA.

2.2 The aim of the rapid JSNA healthy weight chapter is to provide an overall picture of the prevalence of overweight and obesity, and review commissioning activity to reduce rates of obesity.

2.3 The recommendations are set out in section 2 of the chapter. The key issues that will be of particular interest to the Health and Wellbeing board are:

2.4 **In Croydon, one in three children aged 10 to 11 are overweight or obese** (2012/13 National Child Management Programme (NCMP))¹ and for adults the situation is more serious as **over half of all adults are overweight or obese this equates to over 170,000 residents** (Croydon GP Data 2011/12 and Active People survey, 2012)^{2 3}. This means that children in Croydon are growing up in a borough where it is normal to be overweight.

2.5 Obesity is a health inequality issue. It is strongly related to social disadvantage among adults (Foresight 2007)⁴ and children (NCMP 2011/12). Only 3% of overweight or obese children have parents who are not overweight or obese⁵. Studies have found that family environments have a strong influence on a child's development, their eating and activity habits, and predisposition to overweight.

2.6 An obese Londoner can expect to die eight to ten years earlier than their non-obese neighbour. Obesity causes cancer and heart disease, it limits life choices and increases early disability and costs London more than £4 billion a year⁶.

2.7 From 2007 to 2015, the estimated annual cost of obesity to the NHS in Croydon is predicted to rise significantly. During this period, the cost to the NHS is predicted to rise by 24% in Croydon⁷ (£11.2 million).

2.8 A different approach is needed to tackle obesity, because after a decade of government and local intervention there are few signs of a significant reduction in obesity levels. Increasingly the evidence base notes that policies aimed solely at the individual are inadequate and by simply increasing the number or type of small-scale interventions are not sufficient to reverse the increasing trend in obesity⁸. Therefore significant effective action at a population level is required to prevent obesity.

¹ Public Health England (2014) National Child Measurement Programme – England

² Croydon (2012) General Practice Data

³ The Active People Survey (2012)

⁴ Foresight (2007) Tackling Obesities Future Choices – Project Report. London: Department of Innovation Universities and Skills

⁵ Healthy Weight Healthy Lives (2008) Cross Government Obesity Unit.

⁶ Tackling Obesity: Future Choices (2007) Foresight

⁷ National Institute for Health and Clinical Excellence. Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG 43). London: NICE, 2006.

⁸ National Institute of Clinical Effectiveness. Public Health Guidance (42) Obesity: Working with local communities (2012)

- 2.9 Tackling obesity is complex and requires action at every level, from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone and local authorities are ideally placed to develop co-ordinated action to tackle obesity across its various departments, services and partner organisations. This approach is described as one which is a 'whole system' approach.
- 2.10 The recommendations are formulated from the review of current commissioning activity compared to the evidence base, and take this whole system approach.

3. DETAIL

- 3.1 The overall aim of the rapid Healthy Weight JSNA chapter is to improve outcomes for the people of Croydon through influencing commissioning by analysing information of current and future need.
- 3.2 The chapter identifies gaps in the current approach to the Healthy Weight agenda. Future priorities for improvement and development are made in the recommendations.
- 3.3 The chapter will be made available online on the Croydon Observatory website.

4. CONSULTATION

- 4.1 As this is a rapid JSNA no formal consultation was carried out.
- 4.2 The chapter was shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. A reference group guided the development of the chapter and included membership from across Croydon Council, Croydon Clinical Commissioning Group, and the Integrated Commissioning Unit.

Presentations of drafts of the chapter were given to:

- ◆ JSNA Steering group
- ◆ CCG SMT
- ◆ CCG Governing Body
- ◆ Council CLT

5. SERVICE INTEGRATION

- 5.1 One of the JSNA recommendations is to refresh the Healthy Weight strategy to create an action plan for the prevention and management of child and adult obesity, and take forward the recommendations from this JSNA for implementation. This will replace the Healthy Weight Healthy Lives (2009-2014) strategy.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 From 2007 to 2015, the estimated annual cost of obesity to the NHS in Croydon is predicted to rise significantly. During this period, the cost to the NHS is predicted to rise by 24% in Croydon⁹ (£11.2 million).
- 6.2 As stated in the JSNA chapter there are evidence based cost effective interventions¹⁰ which demonstrate that investment in child weight management intervention is a cost-saving intervention providing a return of investment of between 10 to 13 times on public investment.
- 6.3 The JSNA chapter set out recommendations. It is the responsibility of commissioners to agree how to make use of the financial resources available to address the recommendations set out.

7. LEGAL CONSIDERATIONS

- 7.1 Producing a local JSNA is a statutory requirement.

8. HUMAN RESOURCES IMPACT

- 8.1 There is a recommendation for frontline staff to be skilled-up to be able to assess and identify children at risk of obesity.
- 8.2 There could be an impact on releasing appropriate frontline staff across health and associated frontline professionals to undertake training.

9. EQUALITIES IMPACT

- 9.1 The JSNA Healthy Weight chapter has considered equality and diversity implications, by examining the impact of overweight and obesity on vulnerable groups in Croydon's population and considers needs for those people with protected characteristics (see data section 5).
- 9.2 Amongst women, the peak prevalence of obesity is seen in middle age, after which it declines slowly until early old age. In men, the peak prevalence also occurs in middle age, but the decline is much steeper, with the prevalence gap between men and women continuing to widen until age 75. By the age of 85+, the gap between men and women returns to that seen at age 15-19.
- 9.3 In Croydon, people with **learning disabilities** and those with **mental illness** are much more likely than the general population to be overweight or obese, particularly women. (Croydon's Adult Obesity Needs Assessment and Service Review, 2010).

⁹ National Institute for Health and Clinical Excellence. Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG 43). London: NICE, 2006.

¹⁰ New Economics Foundation

9.4 There is a varied distribution in Croydon by ethnic group. Black and mixed White and Black ethnic groups have the highest rates, while Asian and 'other' ethnic groups have the lowest.

9.5 The proportion of pregnant women in Croydon who are overweight has increased between 2011 and 2013, and recent data (CUH 2013 data) suggests that over half (53.5%) of these women who present at early pregnancy (12wks) are either overweight or obese.

10. ENVIRONMENTAL IMPACT

10.1 A reduction in car travel for short journeys will have a positive environmental impact, as there will be a decline in car emissions.

10.2 A change in planning policy to restrict the number of takeaways could have a positive environmental impact, to reduce litter.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 There is no specific crime and disorder reduction impact arising from this report.

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BACKGROUND DOCUMENTS

Key Topic 1: Rapid JSNA Healthy Weight Chapter 2013/14