



Tackling obesity: **all talk, no action** -

Again!

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## Contents

Summary	page 3
Key findings	page 4
Conclusion	page 5
Actions requested	page 6
Introduction	page 7
What we did	page 13
Conclusion	page 15
Appendix 1	page 19
Appendix 2	page 20
References	page 21

# Tackling obesity: all talk, no action – Again!

## Summary

In the UK 1 in 3 children and 2 in 3 adults are overweight or obese. The estimated annual cost of obesity is £27bn, higher than any other public health issue.

Helping Overcome Obesity Problems (HOOP) is a national charity focused on supporting people with weight problems and giving them a voice. In 2014 we undertook a review of the investment by local authorities of Public Health funds on public health issues to understand if action was associated with need.

We continue to hear from many of our members that they are unable to access quality local services that help them lose weight and keep it off. This experience is in-line with a report by the Royal College of Physicians (2013), which outlined weight management services

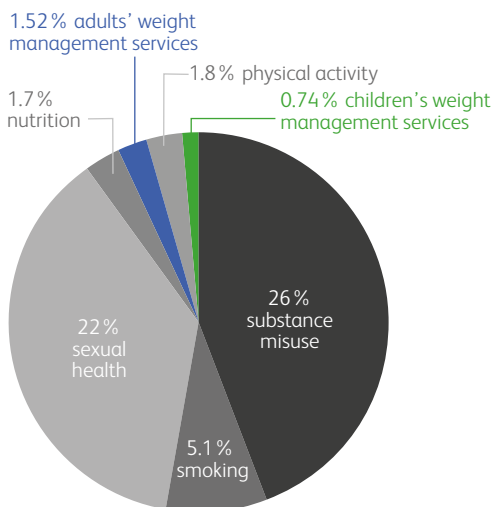
in England as “patchy” and our finding in 2014, that despite obesity being the most expensive public health issue it receives the lowest investment. This is in the face of guidance from the National Institute of Clinical Excellence (NICE) which shows action on obesity, both prevention and providing weight management services, is cost effective.

We contacted all local authorities in England to understand the proportion of their public health allocation that was spent on weight management services in comparison to other public health issues.

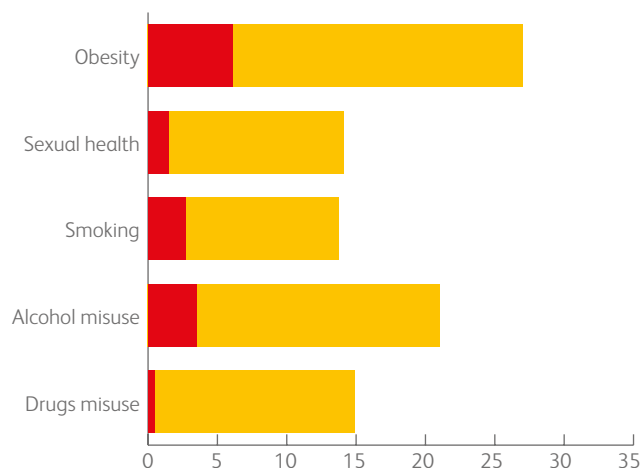
## Key findings

- 132 local authorities responded to our freedom of information request: this was an increase from 109 responses in 2013.
- On average 2.26% of the public health allocation was spent on weight management services, this represents a 10% reduction compared to 2013.
- On average 0.74% of the allocation was spent on children's weight management services, this represents a 17% reduction compared to 2013.
- Approximately 1 in 3 local authorities is not providing any support for overweight or obese children, young people or adults.
- Local authorities are providing services for less than 1% (0.86%) of children in need.
- These allocations are extremely low when compared to: Substance misuse (26%), Sexual health (22%) and Smoking (5%).
- This disparity is more problematic when the direct and indirect costs of each public health issue are considered: Obesity (£6.1bn (direct) & £27bn (indirect)); Drugs misuse (£488 m & £14.9bn); Alcohol misuse (£3.5bn & £21bn) and Sexual health (£1.5bn & £14.1bn) respectively.

**Average public health allocation from 132 local authorities**



**Costs of public health issues**



## Conclusion

- Despite the higher direct and indirect costs, the allocation of public health funds by local authorities to help overweight and obese people is significantly lower than the allocation for other public health issues.
- Of concern was the fact that the investments in supporting people with weight problems have actually declined by 10% overall and 17% for children and young people over the last year.
- It is very hard for local authorities to continue to argue they are “bedding in”, we believe obesity is simply not a priority.
- We believe this is short sighted given the wealth of evidence that shows addressing obesity is cost effective.
- The figures that we have received demonstrate that local and central government are still not prioritising investments that provide a positive return, especially in austere times.



## Actions requested

### We call on Central Government to:

- **Be transparent** – Explain why they do not feel tackling obesity is a priority?
- **Take this issue seriously** – Ensure greater parity and a response that is proportionate to the burden this public health issue puts on our society.
- **Leadership** – We feel for an issue that is relevant to 65% of the population, leadership from a Department of Obesity or similar is critical. Its function would be to provide central guidance to support local capability and capacity to truly tackle obesity.
- **A Long term plan** – Develop and support the implementation of an actionable cross party long term (20-30 years) plan to tackle obesity with the provision of weight management services for those that have a weight problem to be a central pillar of the plan.
- **Monitor** – Local authorities must be monitored in their use of Joint Strategic Needs Assessments (JSNA) to ensure investment of public funds is focused on the needs of local people. Furthermore, monitoring systems must be in place to ensure that local weight management services adhere to NICE guidance.

### We call on Local Authorities to:

- **Use evidence to drive decisions** – Allocate resources based on evidence based needs, we do not believe JSNAs are being used effectively.
- **Ensure parity** – Recognise that overweight and obese children, young people and adults have the same rights as those facing other public health issues.
- **Review public health planning processes** – Review current public health allocations to determine why despite its high cost obesity is such a low priority.
- **Build capability and capacity** – Current knowledge, capability and capacity requires investment to ensure public health specialists have the skills to support effective local action.
- **Recognise wider impact** – Recognise the impact of action will be felt in many positive ways within their community.

### Our action

- **Review action** – We commit to undertake this review on an annual basis as we believe strongly in transparency and the importance of giving our members a voice.
- **Focus on obesity** – A central mission of HOOP is to Overcome Obesity issues, we are firmly focused on addressing obesity. We are not a fat acceptance group as we fully recognise the impact of weight on health and wellbeing. We believe it is important to distinguish between the acceptance of obese people so they do not feel stigmatised and disengaged in their efforts to overcome their weight challenge, whilst focusing on addressing their obesity in a compassionate and effective way.
- **Review quality** – Our members tell us that there is wide variation in their experiences of weight management services therefore we will also work with our members across the UK to assess the degree to which their local services comply with NICE guidance, as we believe low quality services are detrimental to people's physical and mental health.
- **Monitor Clinical Commissioning Groups** – With ongoing changes in the health care system we will carry out this process with CCGs who are responsible for supporting those with more severe obesity. A report by the Royal College of Physicians in 2013 outlined that such support is "patchy" therefore we believe it is important to update this information.

# Tackling obesity: all talk, no action - Again!

## Introduction

Obesity has been outlined as a national priority, reports over the last 2 decades have outlined that levels of obesity have increased, the consequences of which are significant in terms of our population's health and the burden on our wider society and economy<sup>1</sup>. Over the last two decades there has been significant policy activity around obesity with a large number of policy documents being published. (2, 3, 4, 5, 6)

Approximately 4.5 million UK children and young people and 30.8 million UK adults<sup>7, 8</sup> are overweight or obese, it is therefore one of the most common diseases<sup>9</sup> in our population. There is now clear evidence of the significant direct (NHS) and indirect (work productivity, social care, housing modifications, unemployment etc.) costs that are associated with obesity.

Despite these serious impacts there is strong evidence from NICE<sup>10, 11</sup> that services that help people with weight problems to lose and maintain their weight loss (weight management services) are cost effective. In 2009 it was estimated that comprehensive implementation of weight management services across England that were NICE compliant would lead to annual savings of £16m<sup>12</sup>. Unfortunately global and national action on obesity is poor as outlined in several recent reports How the World Could Better Fight Obesity Report by McKinsey (2014)<sup>13</sup>, NHS England Five Year Forward View (2014)<sup>14</sup> Obesity 2015 Report by The Lancet<sup>15</sup>. The Local Government Association (2014)<sup>16</sup> has called for a significant investment into tackling childhood obesity given the future burden on local authorities and the overall economy.

In 2012 the National Audit Office<sup>17</sup> undertook an update on the government's response to the issue of obesity, in this document it outlined that there was no central government funding for the provision of weight

management services and that the responsibility for such services falls on local authorities. This is also in-line with the government's strategy on obesity **Healthy Lives, Healthy People: A call to action on obesity in England**<sup>18</sup> which has attempted to shift the emphasis of responsibility for obesity from government to individuals and the food industry. This emphasis is in conflict with the Foresight Report (2007) which was a consensus of leading experts on the issue of obesity. A critical and progressive statement in this report was that "*obesity is a biological vulnerability to a toxic environment*". This is important as it shows leading experts do not believe obesity is a lifestyle choice as the policy narrative seems to suggest.

In April 2013 the management of obesity (except medical management) was transferred from Primary Care Trusts to Local Authorities. This transfer was established to enable local authorities to determine their local priorities and ensure public health services were provided to meet these demands. This is particularly important for the issue of obesity as it is now recognised that the burden of obesity on the wider economy is 7 times the NHS costs. Feedback about our 2014 report suggested there had not been enough time for the necessary changes to "bed in". It was therefore our hypothesis that we would see an increase in investments given the clear evidence of disparity in public health funding we found.

Helping Overcome Obesity Problems (HOOP) is a national charity that was established to be the voice of people with obesity. We primarily provide support groups to help overweight and obese people and now have an active and vibrant community. Since our inception in 2013 we are regularly told by our members, that they cannot access local weight management services, or that the services they are able to access are at best not appropriate for their needs at worst detrimental to their confidence and future weight management. Most have been surprised by this and it has become a hot topic on our discussion forums. More recently further discussion has occurred between members as there are clear differences in service provision across the country. This experience of our members is echoed in the report by

the Royal College of Physicians –Action on obesity: Comprehensive Care for All (2013), which reported that weight management services across England were “patchy”.

A core value of HOOP is a non judgemental approach to issues associated with obesity. We recognise that the issue of public health is important to all and people who suffer from each of the other public health issues warrant support and care. The primary aim of this document is to present the facts about the burdens of public health issues and to compare and contrast the local and central government response to determine if it is proportionate, fair and most importantly in times of austerity based on evidence of impact on our population and economy.



The Public Health issues we have included in our analysis are:

- Illicit Drug use
- Alcohol misuse
- Sexual Health
- Nutrition and Physical activity
- Weight management services

In order to compare and contrast the proportionate investment in each of these public health issues we have presented information on 4 key variables:

- The scale of these public health issues in adults
- The scale of the public health issues in children
- The direct NHS costs of these public health issues
- The indirect costs of these public health issues.

We have therefore compiled information to determine the prevalence and where appropriate the incidence of these issues and their impact on our health systems and broader social costs. We appreciate that it is difficult to compare these public health issues so we have focused on 4 simple metrics and we have compiled data from reputable organisations or scientific publications.

To enable comparison across the years we used the same questionnaire format from 2013.



A brief summary of this evidence is outlined below:

## Drugs and Substance Misuse

- Use of any illicit drug was **8.8%** in 2010/11<sup>19</sup>
- **20.4%** of young people aged 16-24 had used one or more illicit drugs in the last year.
- The direct cost of illicit drugs to the NHS is **£488m**.
- The indirect cost to the UK is **£14.9 billion** each year<sup>20</sup>
- In addition, drugs and substance misuse receives significant central government funding as outlined in this quote from the government's Drug Strategy (2010)<sup>21</sup>
  - *"We will simplify funding to local authorities, including the creation of a single Early Intervention Grant, worth around £2 billion by 2014–15. This will draw together a range of funding streams for prevention and early intervention services, allowing local government the flexibility to plan an approach to reach vulnerable groups most effectively. Sitting alongside the Public Health Grant, this will allow local areas to take a strategic approach to tackling drug and alcohol misuse as part of wider support to vulnerable young people and families."*
  - *"The voluntary and community groups, charities and social enterprises sector plays a key role in making communities stronger and safer. Such organisations are often uniquely placed to help make this change happen. The sector is also a key provider of prevention, family support and other services and we want to build capacity within the sector in order to become future service providers in the new models and systems of delivery. The Transitional Fund of £100 million recently announced by the Government will help support the sector and build capacity. The sector also has a key role to play in promoting social action and encouraging and enabling people to become more active in society."*

## Smoking

- 21 % of adults smoke<sup>22</sup>
- 15 % of young people smoke
- Direct cost to the NHS is **£2.7 billion** a year<sup>23</sup>
- Indirect cost to wider economy is **£13.74 billion**<sup>24</sup>

## Alcohol <sup>25, 26</sup>

- It is estimated that 1.6 million people (3 % of the adult population) have mild, moderate or severe alcohol dependence.
- Each year around 24,000 young people access specialist support (residential and community care from expertly trained teams) for substance misuse, 90 % because of cannabis or alcohol.
- Direct NHS costs of alcohol misuse are around **£2.7bn**.
- The estimated indirect costs of alcohol misuse are estimated at **£21bn** a year.

## Sexual Health

- The under 18 conception rate for 2011 reached its lowest point since records began with 30.9 conceptions per 1,000 women aged 15-17<sup>27</sup>
- In 2009 there were 482,696 new STI diagnoses in the UK.
- In 2009 around two thirds of new STIs in women were in those aged under 25 and over half of new diagnoses in men were in under 25s.<sup>28</sup>
- Based on a report by FPA<sup>29</sup> estimates of the direct and indirect costs of unintended pregnancy and STIs are:
  - Direct £1.5bn per year.
  - Indirect £14.4bn per year.

## Physical Inactivity

- In 2008, the Health Survey for England<sup>30</sup> reported that the overall proportion of adults meeting the recommended level of physical activity was 39 % in men and 29 % in women.
- Self-reported levels of physical activity in children in England aged 2 to 15, is 32 % for boys and 24 % for girls.
- Direct costs of Physical inactivity to the NHS £0.9bn.
- The Indirect costs of Physical inactivity are £8.2bn<sup>31</sup>

## Poor Diet

- The prevalence of a poor diet is difficult to calculate (Scarborough 2011)<sup>32</sup>.
- However some statistics from the National Diet and Nutritional Survey (2010)<sup>33</sup> illustrate the range of dietary issues.
  - Only 31 % of adults aged 19 to 64 years met the “5-a-day” recommendation.
  - Only 11 % of boys and 8 % of girls met the “5-a-day” recommendation.
  - Mean consumption of oily fish was well below the recommendations.
  - Mean intakes of saturated fat exceeded the Dietary Reference Values (DRVs) in all age groups.
  - Mean intake of added sugar exceeds the DRVs in all groups.
  - Mean intakes of Non-Starch Polysaccharides for adults was below DRVs.
- Direct costs of poor diet to the NHS are £5.8bn (Scarborough 2011).
- Indirect costs of poor diet were estimated at £10bn<sup>34</sup>

## Overweight and Obesity

- 63 % of adults are overweight or obese.
- 33 % of children are overweight or obese.
- 140,000 children are severely obese, a level that would make them eligible for surgery if they were adults.
- Direct NHS costs associated with obesity are £6.1bn per year.
- Wider social costs of obesity are £27bn per year (based on estimates used by the Foresight team that the wider costs of obesity are 7 times that of the direct NHS costs (Foresight Report 2007)). Although it is recognised these costs are likely to be highly conservative.

## Table 1.

Provides a summary of each of the public health issues, the prevalence of the issue in adults and children as well as the direct NHS and indirect social and economic costs, (where data is available).

Issues	Substance misuse	Alcohol	Smoking	Sexual health	Diet	Physical inactivity	Overweight & obesity
Prevalence adults	8.8%	3%	21%	482,696 new STI diagnoses in 2009 in the UK	31% of Adults met the "5-a-day" recommendation. Oily fish intake is too low. Saturated fat exceeded the DRVs in all age groups.	61% men 71% women	28% obesity 35% overweight
Number of adults	3 m	1.6 m	8.4m	0.48 m		26 m	30.8 m
Prevalence children and young people	20.4%		15%	Teenage pregnancy 30.9 conceptions per 1,000 aged (15-17) <sup>35</sup>	11% of boys and 8% of girls met the "5-a-day" recommendation Added sugar intake is too high	68% boys 76% girls	20% obesity 13% overweight
Number of children and young people	1.4 m		0.5m	0.03 m		9.7 m	4.5 m
NHS costs	£488m	£3.5bn <sup>36</sup>	£2.7bn <sup>37</sup>	£1.48bn	£5.8bn	£0.9bn	£61bn
<b>Total – inc. NHS and wider economic costs</b>	<b>£14.9bn</b>	<b>£21bn</b>	<b>£13.7bn</b>	<b>£14.13bn</b>	<b>£10bn</b>	<b>£8.2bn</b>	<b>£27bn</b>

# Tackling obesity: all talk, no action - Again!

## What we did?

### Survey

We sent freedom of information requests to all local authorities in England in September 2014. Within the survey we asked for the following information:

- Total Public Health Allocation
- Allocations for:
  - Substance Misuse
  - Alcohol
  - Smoking cessation
  - Sexual health
- Allocations specifically on primary prevention:
  - Nutrition
  - Physical activity
- Allocations on weight management services for those with weight problems:

See Appendix 1. For an example of the letter sent to Local Authorities.

Whilst we requested separate information for substance misuse and alcohol, many responded by combining their responses to the two issues, therefore we collapsed the data.

It is well accepted that a one size fits all approach to weight management is not appropriate, it is also recognised like any clinical health condition different levels of need require different levels of service. The National Obesity Forum (NOF) published a template for the provision of services to meet the needs of individuals (See appendix 2). We therefore used this template as a benchmark to assess the balance of investment across the levels of service provision, which include:

- Adult tier 2 services
- Adult tier 3 services
- Children tier 2 services
- Children tier 3 services
- Children tier 4 services

Unfortunately many local authorities were unable to report on specific investments across their services. Some reported that their investment in weight management services allocation was across services, in this situation we evenly distributed their reported figure across the 5 categories, although we recognise that it raises the potential of error in our findings. Since our report last year there has been new guidance from Public Health England and NHS England, which has placed responsibility for services that support more severe obesity within Clinical Commissioning Groups (CCGs).

## Findings

We received 132 responses which was an increase from 109 in 2013, we sent reminders to those that were unable to respond to the original freedom of information request. Table 2 shows the average total allocation and the average % allocation for each public health issue.

<b>Average total allocation</b>	£16,343,794
<b>Substance misuse including Alcohol</b>	26.0 %
<b>Sexual health</b>	21.8 %
<b>Smoking</b>	5.1 %
<b>Nutrition</b>	1.7 %
<b>Physical activity</b>	1.8 %
<b>All weight management</b>	2.3 %
<b>Weight management adults</b>	1.5 %
<b>Weight management children and young people</b>	0.7 %

### Table 2.

Shows the average public health allocation across local authorities and the % investment on each of the public health issues.

- On average 2.26 % of the public health allocation was spent on weight management services, this represents a 10 % reduction compared to 2013.
- On average 0.74 % of the allocation was spent on children's weight management services, this represents a 17 % reduction compared to 2013.
- Local authorities are providing services for less than 1 % (0.86 %) of children in need.
- These allocations are extremely low when compared to: Substance misuse (26 %), Sexual health (22 %) and Smoking (5 %).
- This disparity is more problematic when the direct and indirect costs of each public health issue are considered: Obesity (£6.1bn (direct) & £27bn (indirect)); Drugs misuse (£488 m & £14.9bn); Alcohol misuse (£3.5bn & £21bn) and Sexual Health (£1.5bn & £14.1bn) respectively.
- 29 % of local authorities reported that they provided no weight management support for overweight or obese children and young people.
- 31 % of local authorities provided no weight management support for overweight or obese adults.

# Tackling obesity: all talk, no action

## Conclusion

One year on from our first report we find that investment in tackling obesity particularly those in greatest need has reduced significantly 10% overall and 17% for children. We hear media reports on a weekly basis about the issue of obesity especially in children. We were shocked to find that investment in tackling this major public health issue has gone down. Something we believe is a national embarrassment.

Our findings are that despite a significant burden on our NHS and overall economy, obesity receives significantly less of the allocation of the public health funds when compared to other public health issues. Table 2 shows that on average 2.26% of the local authority budgets are allocated to weight management services, whilst issues like substance misuse (26%) and sexual health (22%) and smoking (5%) with lower estimated direct and indirect costs, receive **10 times the amount of local public health funds**. Investment in children's weight management services is only **0.7% of the overall public health allocation**. The investment that is being made is so small that it covers less than 1% (0.86%) of the children in need. Even investment in preventative action such as healthy eating and physical activity remains minimal with investments of 1.7% and 1.75% respectively.

These allocations are despite the greater direct (NHS) £6.1bn and indirect (Social and economic) £21.9bn costs of obesity, when compared to other public health issues like substance misuse (direct £488 and indirect £14.9) Alcohol (direct 3.5 and indirect £21bn) and sexual health (direct £1.5bn and indirect £14.1).

In 2012 the National Audit Office reported that there are no additional resources made available from central government to support the provision of weight management services as it is now the responsibility of local governments to provide such services. HOOP recognises the individual impact and societal burden of substance misuse, however the burden of obesity is also a major issue. We would therefore like to understand why £2bn of central government funding has been made available to tackle substance misuse (on top of a high proportion of the local public health allocation), whilst central funding for weight management services has not been provided. This disparity seems to suggest a bias against a specific segment of the population, which we would like to understand more about.

These findings about the comparatively low resource allocation towards obesity from both central and local government confirm the experiences of our members who are looking for support to tackle their weight problem. It also supports the findings of the Royal College of Physicians (2103, Obesity 2015 The Lancet Series on Obesity (2015), the NHS England Five year Forward View (2014) and the McKinsey Report Overcoming obesity: An initial economic analysis(2014). We believe this is very short sighted,

and we feel this lack of action is the primary reason we are not seeing progress on tackling obesity. We are concerned by the fact that our report in 2014 highlighted this issue, however contrary to our hypothesis one year on funding has gone down, not up!

An issue often raised about weight management services is that they are not effective and often lead to relapse. NICE guidance clearly shows that obesity interventions that are aligned to NICE guidelines are cost effective, demonstrating such an opinion is outdated. They report that the provision of services that implement NICE guidelines across the country would return the investment and lead to savings of £16m each year. Given this evidence we are shocked that local and central government are not prioritising investments that provide a positive return.

We were delighted to see an increase in responses, however, many local authorities did not respond which suggests the figures are likely to be worse. We were also surprised to receive many responses where local authorities were unable to provide specific details on their service provision. We are concerned that in such times local authorities are failing to provide clarity on the use of public funds.

HOOP remains committed to acting on behalf of overweight and obese people and we will undertake this survey each year. We believe strongly in the voice of the obese person and will focus our efforts on making sure this voice is heard and that parity is given to people with weight problems as well the support given to people suffering from other public health issues. We also hear from our members that they experience wide variation in the quality of service provision and we will also begin to assess services against NICE guidance to determine the provision of quality services. We believe this report one year on shows clearly that central and local government are not taking the issue of obesity seriously. We do not believe that obesity is different to any of the other public health issues that we have outlined and therefore we do not agree with the government's attempts to shift the emphasis of responsibility to individuals and the food industry as outlined in **Healthy Lives, Healthy People: A call to action on obesity in England**. We are even more convinced by this evidence that government leadership is critical to prioritise this public health issue.





## Actions requested

### We call on Central Government to:

- **Be transparent** – To explain why they do not feel tackling obesity is a priority?
- **Take this issue seriously** – Ensure greater parity and a response that is proportionate to the burden this public health issue puts on our society.
- **Leadership** – We feel for an issue that is relevant to 65 % of the population, leadership from a Department of Obesity or similar is critical. Its function would be to provide central guidance to support local capability and capacity to truly tackle obesity.
- **A Long term plan** – Develop and support the implementation of an actionable cross party long term (20-30 years) plan to tackle obesity with the provision of weight management services for those that have a weight problem to be a central pillar of the plan.
- **Monitor** – Local authorities must be monitored in their use of Joint Strategic Needs Assessments (JSNA) to ensure investments are focused on the needs of local people. Furthermore, monitoring systems must be in place to ensure that local weight management services adhere to NICE guidance.

### We call on Local Governments to:

- **Use evidence to drive decisions** – Allocate resources based on evidence based needs, we do not believe JSNAs are considering action on obesity appropriately.
- **Ensure parity** – Recognise that overweight and obese children, young people and adults have the same rights as those facing other public health issues.
- **Review public health planning processes** – Review current public health allocations to determine why despite its high cost obesity is such a low priority.
- **Build capability and capacity** – Current knowledge, capability and capacity requires investment to ensure public health specialists have the skills to support effective local action.
- **Recognise wider impact** – Recognise the impact of action will be felt in many positive ways within their community.

## Our action

- **Review action** - We commit to undertake this review on an annual basis as we believe strongly in transparency and the importance of giving our members a voice.
- **Focus on obesity** - A central mission of HOOP is to Overcome Obesity issues, we are firmly focused on addressing obesity. We are not a fat acceptance group as we fully recognise the impact of weight on health and wellbeing. We believe it is important to distinguish between the acceptance of obese people so they do not feel stigmatised and disengaged in their efforts to overcome their weight challenge, whilst focusing on addressing their obesity in a compassionate and effective way.
- **Review quality** – Our members tell us that there is wide variation in their experiences of weight management services therefore we will also work with our members across the UK to assess the degree to which their local services comply with NICE guidance, as we believe low quality services are detrimental to people's physical and mental health.
- **Monitor CCGs** – With ongoing changes in the health care systems we will carry out this process with CCGs who are responsible for supporting those with more severe obesity. Reports two years ago by the Royal College of Physicians have outlined that such support is "patchy" therefore we will update this knowledge.

In summary the data presented here clearly shows that public health allocations to address the primary public health issues are not in alignment. It would appear obesity is an issue that promotes lots of "talk" (in the form of media profile and policy documents) but little "action" (in the form of prevention or intervention). This year's report finds that the investment by local authorities has reduced not increased. This is despite the evidence that the direct and indirect costs of obesity are higher than the other primary public health issues. Obese people are often labelled as "lazy and lacking commitment" however we strongly argue with the evidence presented that it's a lack of commitment from local and national politicians that is more evident. We strongly request that both local and central government act quickly to address this error in public health funding allocations.

# Tackling obesity: all talk, no action – Again!

## Appendix 1

Please can you respond to the following five questions and their sub questions. All questions relate to your Local Authority Public Health expenditure.

All responses are required as numbers in Great British Pounds £. Where necessary descriptions are provided within the questions or below:

### 1. How much is the overall Local Authority Public Health allocation for financial year 2014/15\*?

### 2. How much of the above allocation (for financial year 2014/15) is spent the following areas?

a. Substance Misuse   b. Alcohol   c. Smoking cessation   d. Sexual health

£	£	£	£
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### 3. How much of your allocation (for financial year 2014/15) is spent in the following areas?

(please note - this excludes any allocation on specific weight management services, captured below. This relates to Tier 1 or whole population services, the primary aims of these investments are to improve just dietary or physical activity habits in the general population see the National Obesity Forums (NOF) Obesity model outline below.

a. Nutrition   b. Physical activity

£	£
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### 4. How much of the allocation (for financial year 2014/15) is spent on children accessing the following services (please see National Obesity Forum Obesity Model below for examples)

a. **Tier 2 Children's weight management services** – For children with a BMI above the 85th percentile. The primary purpose of these programmes is to support overweight and obese children to achieve weight maintenance (BMI percentile reduction) or lose weight (using a combination of diet, physical activity and behaviour modification). Outlines of the types of these services can be found below in the NOF Obesity model.

b. **Tier 3 Children's weight management services** – For children with a BMI above the 99th centile or 98th percentile with complex needs. The primary purpose of these programmes is to support overweight and obese children to maintain or lose weight. The service will typically employ a Multi Disciplinary Team (involving some or all of the following clinicians, GP, Dietician, psychologist, family therapist, exercise/physical activity, lifestyle coaches).

c. **Tier 4 Children's weight management services** – For children with a BMI above the 99th Centile with complex needs – Residential weight loss camps.

### 5. How much of the allocation (for financial year 2014/15) is spent on adults accessing the following services (please see National Obesity Forum Obesity Model below for examples)

a. **Tier 2 Adult weight management services** – For Adults with a BMI above 25. The primary purpose of these programmes is to support overweight and obese adults to achieve weight loss (using a combination of diet, physical activity and behaviour change). Outlines of the types of these services can be found below in the NOF Obesity model.

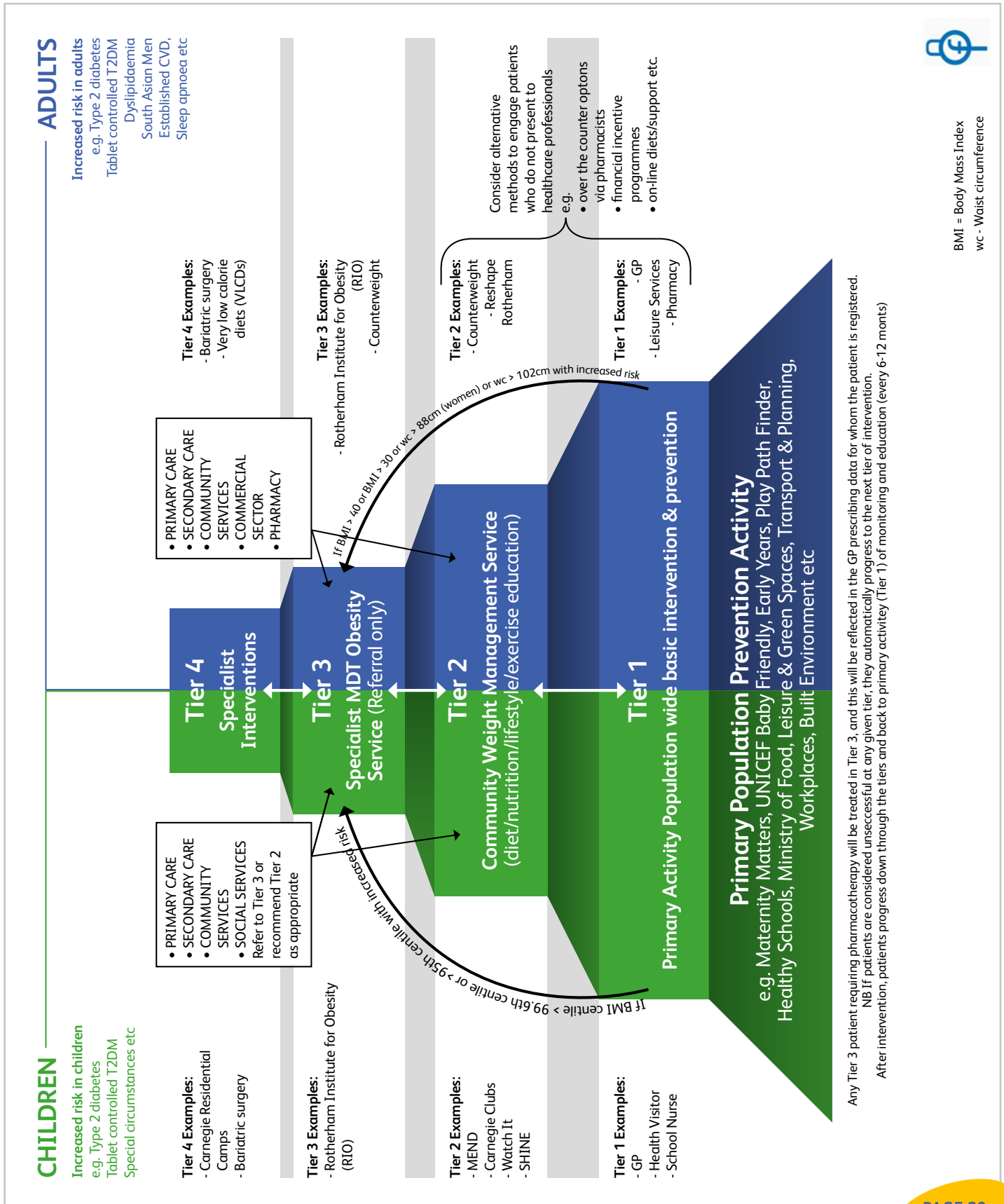
b. **Tier 3 Adult weight management services** – For adults with a BMI above 40 or above 35 with comorbidities. The primary purpose of these programmes is to support weight loss in obese adults. The service will typically employ a Multi Disciplinary Team (involving some or all of the following clinicians, GP, Dietician, psychologist, exercise/physical activity, lifestyle coaches).

\*Assumed to be the tax year from April 2014 to March 2015

# Tackling obesity: all talk, no action – Again!

## Appendix 2

NOF Obesity Model (version 3.2 Sep 2009)



# Tackling obesity: all talk, no action – Again!

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