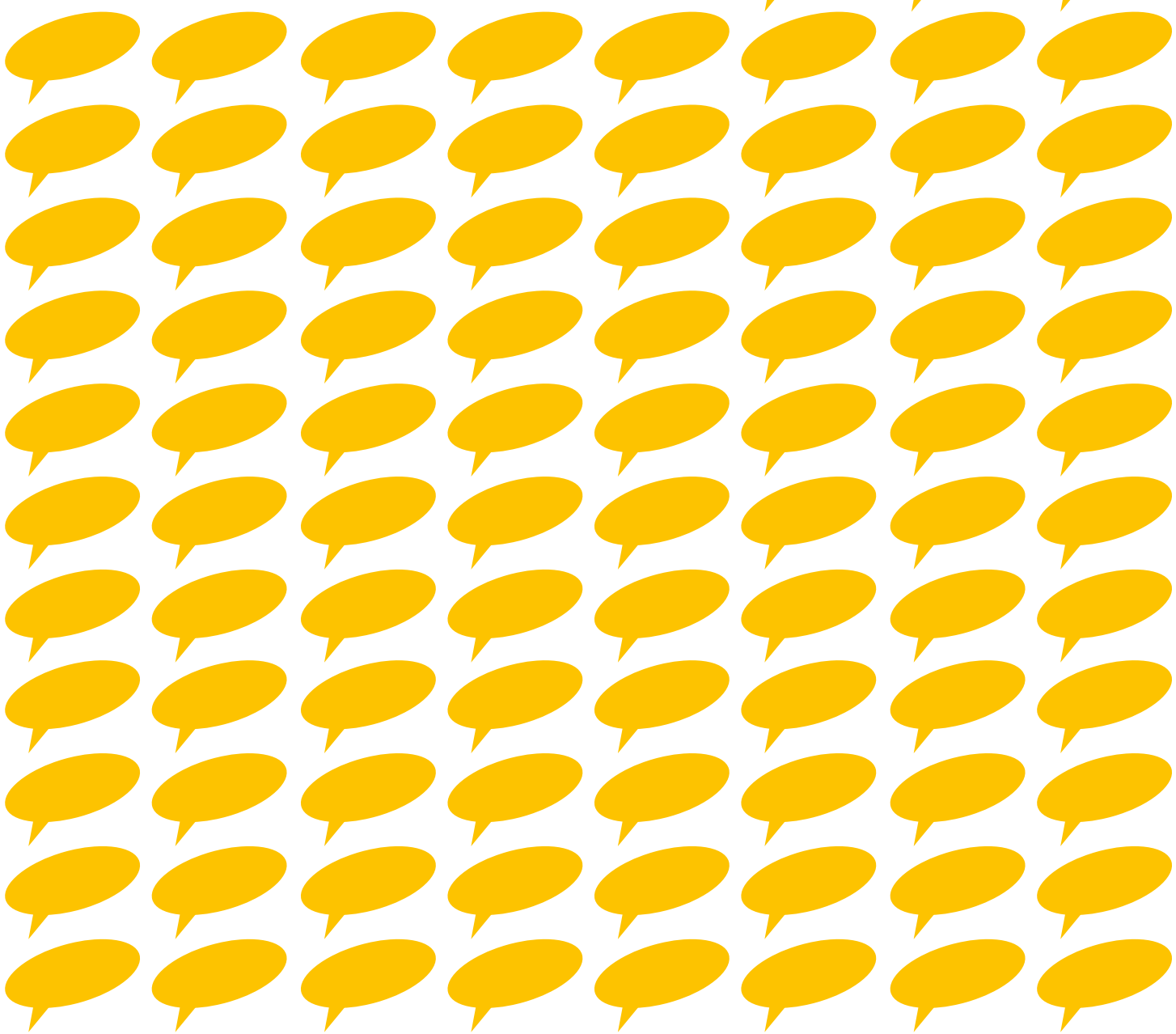




Tackling obesity: **all talk, no action**



# Tackling obesity: all talk, no action

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# Tackling obesity: all talk, no action

## Summary

1 in 3 children and young people and 2 in 3 adults are overweight or obese. The estimated annual cost of obesity is £27bn, which is very high when considering the annual interest payments on our nation debt are £43bn. The Foresight report (2007) 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 those less informed about the issue like to suggest.

Helping Overcome Obesity Problems (HOOP) is a national charity focused on supporting people with weight problems and giving them a voice. We have heard 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 Physician’s (2013), which outlined weight management services in England as “patchy”. An important question therefore is, given we have National Institute of Clinical Excellence (NICE) guidance which shows weight management services

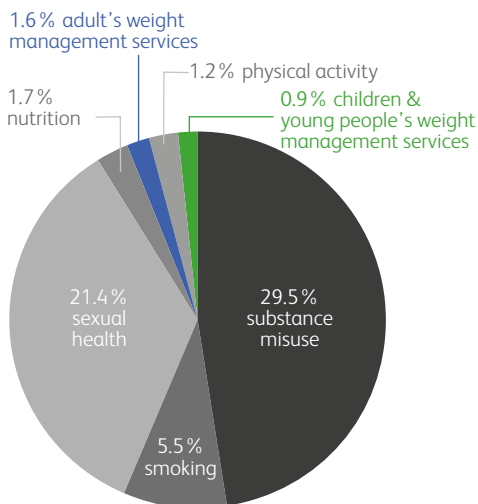
that adhere to NICE guidelines are cost effective, why is service provision so poor?

We have seen aggressive action to reduce the UK debt but with the annual costs of obesity close behind and rising, we wanted to understand what investment was being made. 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.

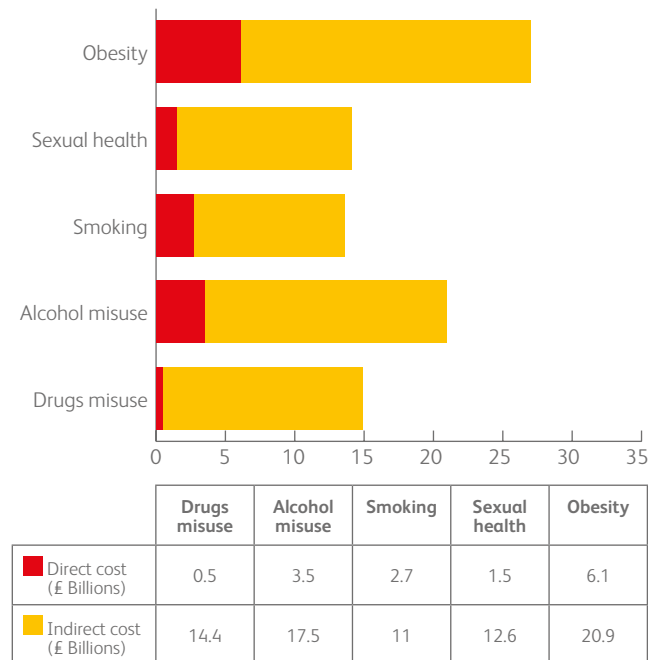
## Key findings

- 109 local authorities responded to our freedom of information request:
- On average 2.5 % of the public health allocation was spent on weight management services.
- On average 0.9 % of the allocation was spent on children and young people’s weight management services.
- These allocations are extremely low when compared to: Substance misuse (29 %), Sexual health (21 %) 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.
- A major concern was that two thirds of local authorities were not able to respond to our request.
- The majority of the investment in obesity (84 % children and young people and 73 % adults) was in tier 2 services. These services tend to be brief interventions most often run by non-clinical staff, and we are unclear on the degree to which these services are NICE guidance compliant or effective.

**Average public health allocation from 109 local authorities**

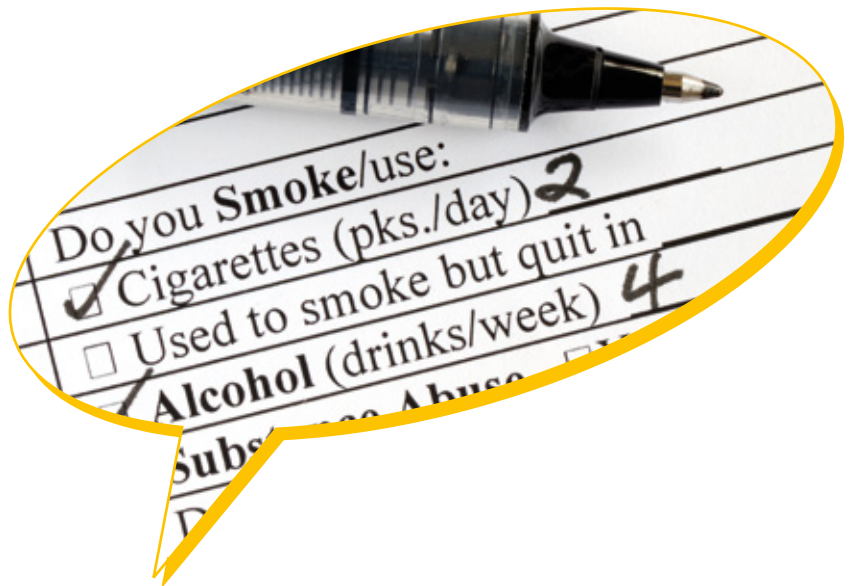


**Costs of public health issues**



## Conclusion

- Despite the higher direct and indirect costs, the allocation of public health funds by local authorities to help overweight and obese people to lose weight is significantly lower than the allocation for other public health issues.
- We believe this is short sighted and we feel this lack of action is the primary reason we are not seeing progress on tackling obesity.
- We would like to understand why central government funding for weight management services is not available whilst £2bn worth of central government funding has been made available for substance misuse (in addition to already high local authority investment).
- We can only conclude on this evidence that both central and local governments are either not aware of the disparity or they are simply not taking the issue of obesity seriously when compared to other public health issues and even the national debt!
- Given evidence that weight management services are cost effective we are shocked that local and central government are not prioritising investments that provide a positive return especially in austere times. We believe with an issue so impactful on our society that Central Government leadership is critical.



## Actions requested

### We call on Central Government to:

- **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. It's 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 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 guarantee 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 rather than politics to drive decisions** – Allocate resources based on evidence based needs and the impact on the local population. We believe Local authorities must use JSNA's for the purpose that they were designed.
- **Ensure Parity** – Recognise that overweight and obese children, young people and adults need and deserve help like those faced with 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 peoples physical and mental health.

# Tackling obesity: all talk, no action

## Introduction

Obesity has been outlined as a national priority, reports over the last 2 decades have outlined that levels of obesity are increasing, the consequences of which are significant in terms of our populations 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<sup>2,3,4,5,6</sup>.

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 pay for themselves and lead to annual savings of £16m<sup>12</sup>.

In 2012 the National Audit Office<sup>13</sup> undertook an update on the governments 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>14</sup> which has attempted to shift the emphasis of responsibility for obesity from government to individuals and the food industry.

In April 2013 the management of obesity (except medical management) was transferred from Primary Care Trusts to Local Authorities. This transformation 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. Therefore it could be argued this move was logical.

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 have been contacted by many of our members, who have outlined that they cannot access local weight management services, or that the services they are able to access are not appropriate for their needs. 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 not 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 and young people
- The direct NHS costs of these public health issues
- The indirect costs of these public health issues.

We have therefore compiled a report 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.





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>15</sup>
- 20.4 % of young people aged 16-24 had used one or more illicit drugs in the last year.
- The direct costs of illicit drugs to the NHS are £488m.
- The indirect costs to the UK is £14.9 billion each year<sup>16</sup>
- In addition, drugs and substance misuse receives significant central government funding as outlined in this quote from the governments Drug Strategy (2010)<sup>17</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>18</sup>
- 15 % of young people smoke
- Direct cost to the NHS is £2.7 billion a year<sup>19</sup>
- Indirect costs to wider economy is £13.74 billion<sup>20</sup>

## Alcohol <sup>2122</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 is around £2.7bn.
- The estimated indirect costs of alcohol misuse is 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>23</sup>
- In 2009 there were 482,696 new STI diagnosis in the UK.
- In 2009 around two thirds of new STI's in women were in those aged under 25 and over half of new diagnoses in men were in under 25s.<sup>24</sup>
- Based on a report by FPA<sup>25</sup> estimates of the direct and indirect costs of unintended pregnancy and STI's are:
  - Direct £1.5bn per year.
  - Indirect £14.4bn per year.

## Physical inactivity

- In 2008, the Health Survey for England<sup>26</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 and young people 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>27</sup>

## Poor Diet

- The prevalence of a poor diet is difficult to calculate (Scarborough 2011)<sup>28</sup>.
- However some statistics from the National Diet and Nutritional Survey (2010)<sup>29</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 (DRV's) in all age groups.
  - Mean intake of added sugar exceeds the DRV's 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>30</sup>

## Overweight and obesity

- 63 % of adults are overweight or obese.
- 33 % of children and young people are overweight or obese.
- 140,000 children and young people 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 and young people 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 diagnosis in 2009 in the UK	31% of Adults met the "5-a-day" recommendation. Oily fish intake is too low. Saturated fat exceeded the DRV's 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		32.8 m	31.2 m
Prevalence children and young people	20.4%		15%	Teenage pregnancy 30.9 conceptions per 1,000 aged (15-17) <sup>31</sup>	11% of boys and 8% of girls met the "5-a-day" recommendation Added sugar intake it 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>32</sup>	£2.7bn <sup>33</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

## What we did

### Survey

We sent freedom of information requests to all local authority bodies across England in September 2013. Within the survey we asked for the following information:

- Total Public Health Allocation
- Allocations in 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, most local authorities responded by combining their responses to the two issues, therefore we collapsed the data too.

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)<sup>34</sup> 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 and young people tier 2 services
- Children and young people tier 3 services
- Children and young people 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 this it raises the potential of error in our findings.

## Findings

We received 109 responses, we sent reminders to those that were unable to respond to the original freedom of information request. Please see appendix 3 which lists the responses that each local authority provided.

<b>Allocation average</b>	£17,581,894
<b>Substance misuse</b>	29.5 %
<b>Smoking</b>	5.5 %
<b>Sexual health</b>	21.4 %
<b>Nutrition</b>	1.7 %
<b>Physical activity</b>	1.2 %
<b>All weight management</b>	2.6 %
<b>Weight management adults</b>	1.6 %
<b>Weight management children and young people</b>	0.9 %

### Table 2.

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

## Investment across services

Given a large majority of our members suffer from severe obesity we felt it was also important to understand the distribution of funds across weight management services. Using the NOF template we found that the majority of investment was in high volume brief intervention services, these are typically 12 week brief interventions delivered by non-clinical staff in a group setting.

Of the funding for the commissioning of weight management services for children and young people we found the following distribution:

- Tier 2 children and young people – 84 %
- Tier 3 children and young people – 11 %
- Tier 4 children and young people – 4 %

Of the funding for the commissioning of weight management services for adults we found the following distribution:

- Tier 2 adults – 73 %
- Tier 3 adults – 27 %

NOTE – Tier 4 services for adults are only commissioned by NHS England.

Whilst we welcome these services at HOOP we believe that they are not appropriate for the large number of obese people with complex needs that require more clinical support.

# Tackling obesity: all talk, no action

## Conclusion

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 2.5 % of the local authority budgets are allocated to weight management services, whilst issues like Illicit substance misuse (29 %) and sexual health (21 %) and smoking (6 %) with lower estimated direct and indirect costs, receive **10 times the amount of local public health funds. Investment in children and young people's weight management services is only 0.9% of the overall budget.**

These allocations are despite the greater direct (NHS) £6.1bn and indirect (Social and economic) £27bn 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.

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 who reported that weight management services across England are "patchy". 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. Clearly if 1 in 3 children and young people and 2 in 3 adults have a disease that is not being treated appropriately, why would we expect the prevalence and economic impact of the issue to change?

We also found that the majority of the investment in services (84 % children and young people and 73 % adults) was in tier 2 services. These services tend to be brief interventions most often run by non-clinical staff, and we are unclear on the degree to which these services are NICE guidance compliant or effective. It is important to recognise that the comorbidities and therefore expense increase with increasing weight. Therefore, a lack of balance across weight management service provision we believe is ill-considered.

We can only conclude on this evidence that central government and local government are not taking the issue of obesity seriously. We have seen aggressive action to reduce the UK debt with an estimated annual cost of £43bn. With the costs of obesity close behind and rising, this lack of action is more questionable and of even greater concern.

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 not only pay for themselves but they 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.

Of concern is the fact that only one third of Local Authorities responded to our freedom of information request. We were very surprised that despite this being a requirement of the Freedom of Information Act 2000, so many were unable to respond. In addition, the ability of many local authorities to specifically outline their investment in weight management service options is limited, further demonstrating a lack of capability or capacity or both within the public health teams, which we assume is related to the low priority in terms of funding that obesity is given. Furthermore, we believe that if all local authorities had complied with the request the figures would be considerably worse.

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 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 governments 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.



## We would like to see the following actions:

### We call on Central government to:

- **Take this issue seriously** and 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. It's 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 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 guarantee 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 rather than politics to drive decisions** – Allocate resources based on evidence based needs and the impact on the local population. We believe Local authorities must use JSNA's for the purpose that they were designed.
- **Ensure Parity** – Recognise that overweight and obese children, young people and adults need and deserve help like those faced with 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.
- **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 also a major issue.



In summary the data presented here clearly shows that public health allocations to address the primary public health issues are not aligned to the scale of the issue.

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 weight management services for those with a weight problem). 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 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

## 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 2013/14\*?**

**2. How much of the above allocation (for financial year 2013/14) 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 2013/14) 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 2013/14) is spent on children and young people accessing the following services** (please see National Obesity Forum Obesity Model below for examples)

**a. Tier 2 Children and young people's weight management services** – For children and young people with a BMI above the 85th percentile. The primary purpose of these programmes is to support overweight and obese children and young people 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 and young people's weight management services** – For children and young people 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 and young people 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 and young people's weight management services** – For children and young people with a BMI above the 99th Centile with complex needs – Residential weight loss camps.

**5. How much of the allocation (for financial year 2013/14) 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.

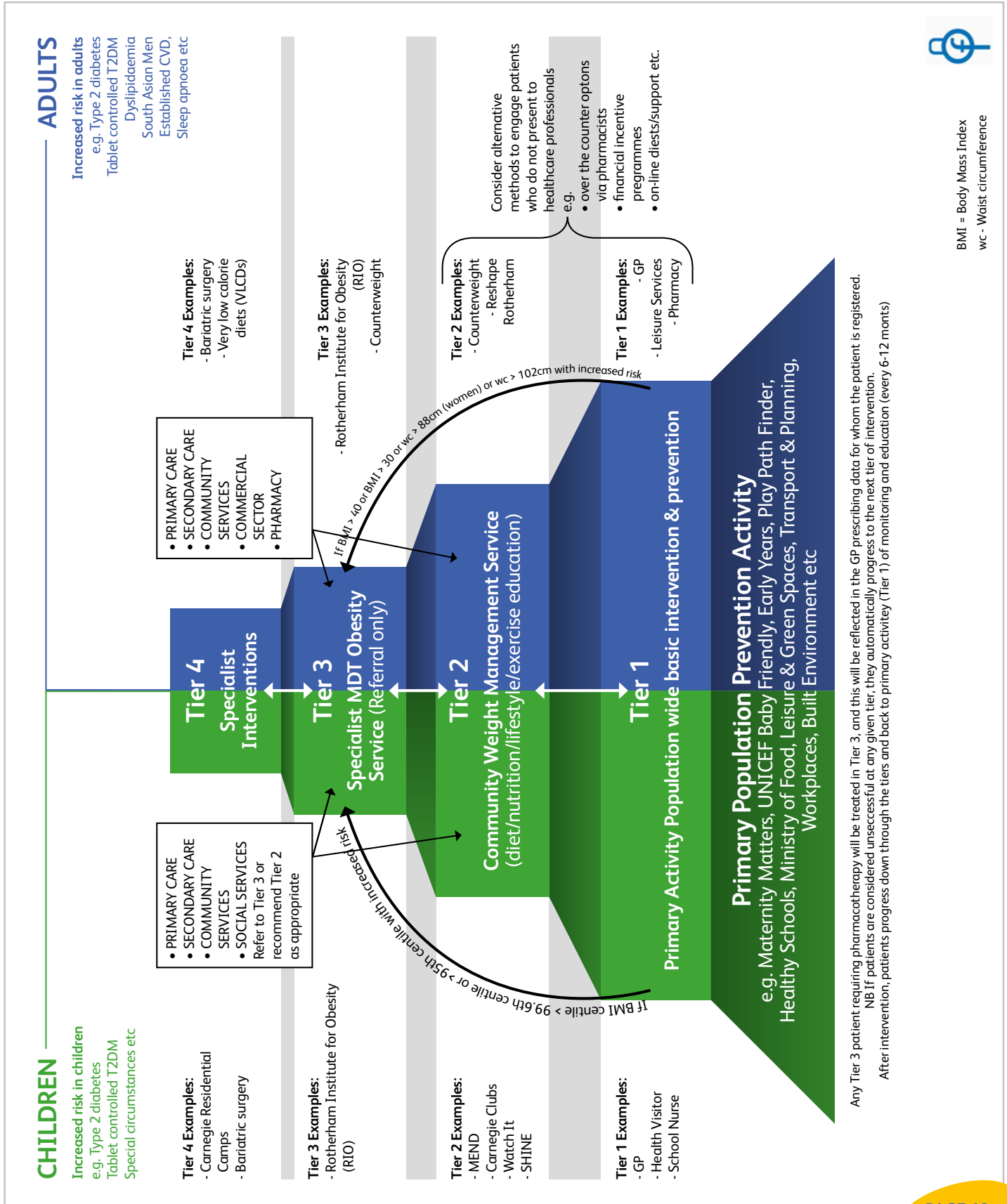
**b. Tier 3 Adult weight management services** – For adults with a BMI above 40 or above 35 with comorbidities. The primary purpose of these programmes is to support weight loss in obese adults. The service will typically employ a Multi Disciplinary Team (involving some or all of the following clinicians,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

\*Assumed to be the tax year from April 2013 to March 2014

# Tackling obesity: all talk, no action

## Appendix 2

NOF Obesity Model (version 3.2 Sep 2009)



BMI = Body Mass Index  
WC = Waist circumference



# Tackling obesity: all talk, no action

## Appendix 3

### Local Authority investment in weight management services

Council	1 - Overall ££	2a&b - drugs and alcohol	% drugs	2c - smoking	%	2d - sexual health	%	3a - nutrition	%	3b - activity	%	All wgt man	% wgt	4a - tier 2 children & young people	4b - tier 3 children & young people	4c - tier 4 children & young people	% weight management children & young people	5a - tier 2 adults	5b - tier 3 adults	% wgt man adults
Barnsley Metropolitan Borough Council	£13,570,900	£2,448,766	18%	£729,700	5%	£2,576,734	19%	£218,000	2%	£92,665	1%	£400,002	3%	£80,000	£80,000	£80,000	2%	£80,000	£80,000	1%
Bath and North East Somerset Council	£7,185,000	£2,338,719	33%	£493,384	7%	£1,106,471	15%	£1,453,727	20%	£21,481	3%	£179,971	2%	£60,000	£0	£0	1%	£69,970	£0	1%
Bedford Council (Unitary)	£6,675,700	£2,223,290	33%	£131,500	2%	£1,259,400	19%	£0	0%	£45,380	1%	£107,600	2%	£107,600	£0	£0	0%	£107,600	£0	2%
Blackpool Borough Council	£17,457,000							£47,000	1%	£139,000	1%	£235,000	1%	£37,500	£37,500	£0	0%	£160,000	£0	1%
Bolton Metropolitan Borough Council	£18,115,047	£5,950,999	33%	£741,847	4%	£3,403,744	19%	£114,728	1%	£313,630	2%	£296,171	2%	£183,615	£0	£0	1%	£112,555	£0	1%
Bristol City Council	£27,312,500	£12,537,612	46%	£1,551,261	6%	£4,523,765	17%	£76,892	0%	£266,248	1%	£505,000	2%	£73,333	£73,333	£73,333	1%	£285,000	£0	1%
Bury Metropolitan Borough Council	£9,146,000	£1,967,000	22%	£467,000	5%	£1,594,000	17%	£0	0%	£50,000	1%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Calderdale Metropolitan Borough Council	£10,329,000	£3,413,720	33%	£84,000	8%	£2,100,000	20%	£193,000	2%	£86,000	1%	£440,000	4%	£0	£0	£0	0%	£440,000	£0	4%
Cambridgeshire County Council	£21,230,500	£7,102,882	33%	£1,985,860	9%	£6,380,000	30%	£385,535	2%	£336,693	2%	£522,991	2%	£152,000	£0	£0	1%	£220,990	£150,000	2%
Cheshire East Council (Unitary)	£13,761,800	£3,758,350	27%	£654,100	5%	£3,260,425	24%	£48,500	0%	£48,500	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Cheshire West and Chester Council	£13,000,000	£4,000,000	31%	£685,000	5%	£3,000,000	23%	£100,000	1%		0%	£200,000	2%				0%	£200,000		2%
City of London	£1,651,000																			0%
City of York Council	£6,640,700	£2,556,000	38%	£358,000	5%	£1,903,000	29%	£42,000	1%	£10,000	0%	£0	0%				0%			0%
Cornwall Council (Unitary)	£17,839,000	£6,703,690	38%	£634,000	4%	£4,678,698	26%	£52,000	0%	£41,400	0%	£271,851	2%	£95,000	£5,000		1%	£151,600	£20,250	1%
Coventry City Council	£17,831,700	£4,466,244	25%	£1,593,928	9%	£4,519,108	25%	£239,734	1%	£379,178	2%	£699,129	4%	£0	£0	£0	0%	£699,129	£0	4%
Cumbria County Council	£14,176,200	£5,900,158	42%	£884,000	6%	£1,888,000	13%	£708,200	5%		0%	£409,001	3%	£26,667	£26,667	£26,667	1%	£329,000		2%
Derby City Council	£13,167,000	£4,841,760	37%	£498,271	4%	£2,787,919	21%	£1,500,000	11%		0%	£0	0%				0%			0%
Derbyshire County Council	£34,680,000	£7,092,182	20%	£2,602,854	8%	£7,480,574	22%	£1,309,000	4%	£70,000	0%	£944,155	3%	£43,000	£7,000	£0	0%	£603,787	£290,368	3%
Devon County Council	£20,748,000	£7,381,000	36%	£1,355,000	7%	£5,395,000	26%	£94,000	0%	£199,000	1%	£398,001	2%	£104,000			1%	£294,000		1%
Doncaster Metropolitan Borough Council	£19,648,000	£1,248,000	6%	£891,000	5%	£3,876,000	20%	£365,500	2%	£62,320	0%	£599,668	3%	£59,775	£59,775	£59,775	1%		£420,343	2%
Dorset County Council	£25,972,000	£3,215,000	12%	£2,067,000	8%	£7,373,000	28%	£198,000	1%		0%	£268,540	1%				0%	£268,540		1%
Durham County Council	£44,533,000	£10,948,753	25%	£2,530,008	6%	£6,883,019	15%	£83,000	2%	£2,463,535	6%	£621,744	1%	£225,000	£136,743	£0	1%	£260,000	£0	1%
East Riding of Yorkshire Council	£8,350,000	£3,283,880	39%	£590,000	7%	£1,732,950	21%	£12,500	0%	£60,000	1%	£150,001	2%	£25,000	£25,000	£0	1%	£100,000	£0	1%
Essex County Council	£48,874,000	£13,771,000	28%	£3,087,000	6%	£10,853,000	22%	£675,000	1%	£31,000	0%	£570,000	1%	£89,000		£0	0%	£481,000		1%



## Local Authority investment in weight management services (continued)

Gateshead Metropolitan Borough Council	£15,401,000	£5,965,345	39%	£1,151,627	7%	£2,124,862	14%	£431,647	3%	£0	0%	£1,662,093	11%	£943,548	£90,000	£0	7%	£445,600	£182,938	4%
Gloucestershire County Council	£21,610,000	£7,201,000	33%	£947,000	4%	£3,618,000	17%	£370,000	2%	£192,000	1%	£775,000	4%	£100,000	£0	£0	0%	£100,000	£575,000	3%
Halton Borough Council	£8,510,000	£1,946,000	23%	£435,000	5%	£1,540,000	18%	£180,400	2%	£180,400	2%	£985,807	12%	£180,400	£180,400	£260,000	7%	£365,000	£0	4%
Hampshire County Council	£36,753,000	£9,335,000	25%	£2,864,000	8%	£9,815,000	27%	£350,000	1%	£220,000	1%	£455,000	1%	£35,000	£0	£0	0%	£150,000	£270,000	1%
Hartlepool Borough Council	£8,254,800	£2,580,768	31%	£398,062	5%	£716,334	9%	£196,718	2%	£155,000	2%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Herefordshire Council	£7,752,700	£2,521,892	33%	£258,021	3%	£1,564,827	20%	£0	0%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Hertfordshire County Council	£34,219,700	£8,916,575	26%	£1,810,535	5%	£10,119,386	30%	£0	0%	£0	0%	£120,000	0%	£20,000	£0	£0	0%	£100,000	£0	0%
Isle of Wight Council	£6,346,987	£1,775,000	28%	£275,000	4%	£1,500,000	24%	£0	0%	£40,000	1%	£359,000	6%	£0	£0	£0	0%	£159,000	£200,000	6%
Isles of Scilly	£71,000	£18,000	25%	£5,000	7%	£10,900	15%	£0	0%	£1,000	1%	£23,123	33%	£16,000	£0	£7,100	23%	£7,100	£0	10%
Kent County Council	£49,842,885	£12,749,000	26%	£2,688,000	5%	£11,092,500	22%	£497,471	1%	£25,000	0%	£3,322,070	7%	£3,022,064	£0	£0	6%	£300,000	£300,000	1%
Kingston-upon-Hull City Council	£21,945,000	£7,956,995	36%	£772,765	4%	£3,381,000	15%	£255,400	1%	£163,300	1%	£575,800	3%	£49,800	£0	£48,400	0%	£48,400	£42,000	2%
Kirklees Council	£22,684,000	£6,365,000	28%	£1,421,000	6%	£5,488,000	24%	£0	0%	£327,000	1%	£0	0%	£65,000	£0	£0	0%	£1,408,152	£0	0%
Lancashire County Council	£57,991,000	£20,985,000	36%	£3,395,000	6%	£11,705,000	20%	£1,210,000	2%	£1,040,000	2%	£1,473,152	3%	£65,000	£0	£0	0%	£0	£0	2%
Leeds City Council	£36,854,900	£12,463,991	34%	£778,600	2%	£7,752,284	21%	£254,000	1%	£406,000	1%	£1,131,801	3%	£375,800	£125,000	£0	1%	£181,000	£450,000	2%
Leicester City Council	£19,995,000	£6,100,000	31%	£1,197,000	6%	£4,343,207	22%	£61,200	0%	£172,500	1%	£433,801	2%	£108,800	£0	£0	1%	£325,000	£0	2%
Leicestershire County Council	£20,206,000	£5,633,615	28%	£1,401,183	7%	£4,440,057	22%	£206,000	1%	£853,226	4%	£312,647	2%	£66,072	£0	£30,000	0%	£30,000	£216,575	1%
Lincolnshire County Council	£27,542,400	£7,570,000	27%	£2,593,000	9%	£7,252,000	26%	£744,500	3%	£718,000	3%	£506,228	2%	£149,227	£0	£357,000	1%	£357,000	£0	1%
Liverpool City Council	£40,308,000	£14,343,000	36%	£1,232,000	3%	£7,227,000	18%	£2,263,000	6%	£548,000	1%	£990,000	2%	£163,000	£0	£0	0%	£163,000	£664,000	2%
London Borough of Barking and Dagenham	£12,921,000	£2,698,000	21%	£720,000	6%	£2,643,700	20%	£172,000	1%	£483,100	4%	£810,003	6%	£450,000	£0	£0	3%	£360,000	£0	3%
London Borough of Bexley	£6,886,000	£2,302,000	33%	£368,000	5%	£1,621,000	24%	£0	0%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
London Borough of Bromley	£11,311,060	£2,266,460	20%	£1,010,350	9%	£3,504,430	31%	£0	0%	£74,130	1%	£347,752	3%	£234,000	£0	£113,750	2%	£113,750	£0	1%
London Borough of Ealing	£21,376,000	£5,900,000	28%	£628,649	3%	£5,000,000	23%	£0	0%	£120,000	1%	£250,001	1%	£250,000	£0	£0	1%	£0	£0	0%
London Borough of Hackney	£29,005,400	£6,068,525	21%	£1,389,135	5%	£8,688,320	30%	£279,228	1%	£688,880	2%	£264,684	1%	£151,458	£0	£0	1%	£113,225	£0	0%
London Borough of Hammersmith & Fulham	£14,799,988	£5,582,541	38%	£991,795	7%	£6,475,450	44%	£0	0%	£21,000	1%	£0	0%	£0	£0	£0	0%	£0	£0	0%
London Borough of Harrow	£8,874,020	£2,175,156	25%	£198,500	2%	£2,740,440	31%	£19,600	0%	£179,562	2%	£0	0%	£0	£0	£0	0%	£0	£0	0%
London Borough of Havering	£8,833,400	£2,400,000	27%	£434,000	5%	£2,471,000	28%	£0	0%	£100,000	1%	£228,001	3%	£80,000	£0	£148,000	1%	£148,000	£0	2%
London Borough of Hillingdon	£15,281,000	£3,000,000	20%	£450,000	3%	£3,840,000	25%	£32,000	0%	£80,000	1%	£90,001	1%	£90,000	£0	£0	1%	£0	£0	0%
London Borough of Lambeth	£28,494,020	£7,975,379	28%	£1,034,893	4%	£10,239,690	36%	£407,800	2%	£240,000	1%	£379,601	2%	£80,600	£181,000	£56,000	1%	£62,000	£56,000	1%
London Borough of Lewisham	£19,541,000	£4,892,700	25%	£529,300	3%	£6,992,000	36%	£0	0%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%



## Local Authority investment in weight management services (continued)

London Borough of Merton	£8,900,000	£2,080,000	23%	£282,000	3%	£2,400,000	27%	£32,000	0%	£32,000	0%	£77,001	1%	£77,000	£0	1%	£0	0%
London Borough of Richmond upon Thames	£7,676,000	£1,721,300	22%	£265,800	3%	£2,366,800	31%	£5,000	0%	£139,100	2%	£5,000	0%	£0	£5,000	0%	£0	0%
London Borough of Weltham Forest	£11,100,000	£3,937,000	35%	£475,000	4%	£5,343,000	48%	£35,000	0%	£35,000	0%	£0	0%	£0	£0	0%	£0	0%
London Borough of Westminster	£22,479,568	£9,563,100	43%	£305,100	1%	£8,050,000	36%	£0	0%	£163,013	1%	£64,806	0%	£64,806	£0	0%	£0	0%
Luton Borough Council	£11,876,020	£4,630,544	39%	£544,000	5%	£1,418,147	12%	£126,000	1%	£30,000	0%	£270,001	2%	£170,000	£100,000	1%	£100,000	1%
Middlesbrough Borough Council	£15,932,000	£5,505,787	35%	£726,705	5%	£1,264,413	8%	£118,482	1%	£339,918	2%	£305,194	2%	£48,096	£147,050	0%	£110,048	2%
Newcastle-upon-Tyne City Council	£20,271,000	£6,911,092	33%	£605,104	3%	£5,082,238	25%	£491,498	2%	£1,397,914	7%	£517,080	2%	£97,829	£160,711	1%	£160,711	2%
Norfolk County Council	£29,798,300	£9,250,000	31%	£2,779,508	9%	£7,092,385	24%	£101,400	0%	£393,190	1%	£598,607	2%	£200,000	£0	1%	£398,606	1%
North East Lincolnshire Council	£9,699,700	£3,872,100	40%	£407,800	4%	£1,042,900	11%	£65,000	1%	£48,000	0%	£22,000	0%	£0	£0	0%	£22,000	0%
North Lincolnshire Council	£8,070,800	£2,329,813	29%	£234,000	3%	£929,780	12%	£26,000	0%	£40,000	0%	£258,591	3%	£148,589	£110,000	2%	£110,000	1%
North Somerset Council	£7,400,000	£2,738,000	37%	£370,000	5%	£1,628,000	22%	£74,000	1%	£12,000	0%	£0	0%	£0	£0	0%	£0	0%
North Yorkshire County Council	£19,020,700	£4,995,100	26%	£1,575,000	8%	£5,101,000	27%	£0	0%	£0	0%	£63,000	0%	£19,000	£44,000	0%	£0	0%
Northamptonshire County Council	£26,800,000	£7,900,000	29%	£1,300,000	5%	£4,700,000	18%	£0	0%	£0	0%	£351,001	1%	£114,000	£56,000	1%	£181,000	1%
Northumberland Council	£10,693,414	£3,565,364	33%	£216,000	2%	£588,000	5%	£0	0%	£137,850	1%	£0	0%	£0	£0	0%	£0	0%
Nottingham City Council	£27,081,000	£10,021,571	37%	£1,380,620	5%	£5,412,418	20%	£710,123	3%	£84,920	0%	£559,841	2%	£84,920	£84,920	1%	£190,000	1%
Nottinghamshire County Council	£35,135,300	£11,465,185	33%	£2,780,400	8%	£6,490,551	18%	£407,900	1%	£107,350	0%	£375,476	1%	£0	£0	0%	£375,476	1%
Oxfordshire County Council	£25,264,000	£8,510,000	34%	£1,152,000	5%	£9,722,000	38%	£99,346	0%	£80,000	0%	£885,001	4%	£200,000	£0	1%	£685,000	3%
Peterborough City Council	£8,433,822	£2,887,000	34%	£592,329	7%	£1,715,403	20%	£18,000	0%	£93,146	1%	£134,738	2%	£40,000	£0	0%	£94,738	1%
Plymouth City Council	£11,160,000	£3,985,000	36%	£105,000	1%	£2,517,000	23%	£0	0%	£163,000	1%	£0	0%	£0	£0	0%	£0	0%
Portsmouth City Council	£15,737,400	£5,564,718	35%	£1,342,698	9%	£3,758,760	24%	£23,200	0%	£4,500	0%	£455,832	3%	£0	£0	0%	£71,500	3%
Reading Borough Council	£7,466,000	£2,561,000	34%	£379,300	5%	£2,358,000	32%	£0	0%	£0	0%	£0	0%	£0	£0	0%	£0	0%
Redcar and Cleveland Council	£10,600,000	£2,808,054	26%	£566,904	5%	£1,036,813	10%	£50,000	0%	£0	0%	£314,677	3%	£48,096	£0	0%	£149,470	3%
Royal Borough of Greenwich	£18,277,300	£4,400,000	24%	£481,731	3%	£1,100,000	6%	£708,000	4%	£712,000	4%	£300,001	2%	£180,000	£0	1%	£120,000	1%
Royal Borough of Kensington and Chelsea	£15,140,859	£5,394,943	36%	£465,000	3%	£4,940,987	33%	£559,349	4%	£0	0%	£0	0%	£0	£0	0%	£0	0%
Royal Borough of Kingston upon Thames	£9,049,000	£1,487,000	16%	£280,000	3%	£3,158,000	35%	£35,000	0%	£40,000	0%	£160,001	2%	£65,000	£0	1%	£95,000	1%
Rushcliffe Borough Council	£67,100	£20,130	30%	£13,420	20%	£0	0%	£23,485	35%	£10,065	15%	£0	0%	£0	£0	0%	£0	0%
Salford City Council	£17,074,900	£4,261,230	25%	£1,100,288	6%	£2,899,349	17%	£1,017,133	6%	£1,017,133	6%	£1,213,884	7%	£349,000	£0	2%	£164,882	5%



## Local Authority investment in weight management services (continued)

Sandwell Metropolitan Borough Council	£20,816,200	£3,732,000	18%	£1,351,500	6%	£3,439,000	17%	£162,500	1%	£438,000	2%	£421,000	2%	£69,000	£0	£0	0%	£352,000	£0	2%
Sefton Metropolitan Borough Council	£19,400,000	£6,591,650	34%	£516,081	3%	£2,941,099	15%	£306,591	2%	£196,891	1%	£597,946	3%	£26,596	£0	£0	0%	£571,350	£0	3%
Sheffield City Council	£29,600,000	£8,321,500	28%	£1,461,254	5%	£6,337,000	21%	£0	0%	£492,218	2%	£709,374	2%	£229,691	£0	£0	1%	£0	£479,682	2%
Shropshire Council (Unitary)	£8,948,000	£3,249,820	36%	£744,000	8%	£1,250,810	14%	£33,000	0%	£10,000	0%	£250,001	3%	£50,000	£0	£0	1%	£200,000	£0	2%
Slough Borough Council	£4,950,000	£1,860,000	38%	£700,000	14%	£1,650,000	33%	£111,000	2%	£24,000	0%	£159,000	3%	£24,000	£0	£0	0%	£24,000	£111,000	3%
Solihull Metropolitan Borough Council	£9,636,000	£3,009,000	31%	£507,000	5%	£2,604,000	27%	£251,121	3%	£99,189	1%	£409,815	4%	£93,600	£0	£0	1%	£316,214	£0	3%
Somerset County Council	£14,934,500	£5,330,400	36%	£851,000	6%	£2,139,800	14%	£42,800	0%	£113,000	1%	£408,013	3%	£75,000	£0	£0	1%	£333,012	£0	2%
Southampton City Council	£14,300,000	£3,700,000	26%	£510,500	4%	£2,681,800	19%	£103,600	1%	£122,000	1%	£525,000	4%	£0	£0	£0	0%	£375,000	£150,000	4%
St Helens Metropolitan Borough Council	£12,680,000	£2,285,408	18%	£727,269	6%	£2,208,369	17%	£0	0%	£0	0%	£1,287,489	10%	£5,080	£39,250	£0	0%	£1,003,921	£239,238	10%
Staffordshire County Council	£32,321,900	£9,270,000	29%	£3,396,852	11%	£6,841,000	21%	£115,040	0%	£428,522	1%	£2,136,523	7%	£202,590	£134,426	£0	1%	£1,054,003	£745,503	6%
Stockton-on-Tees Borough Council	£12,710,900	£4,391,353	35%	£861,517	7%	£1,406,615	11%	£55,000	0%	£80,000	1%	£604,218	5%	£61,884	£0	£0	0%	£430,854	£111,480	4%
Stoke-on-Trent City Council	£18,670,849	£6,802,790	36%	£1,080,110	6%	£3,646,200	20%	£32,000	0%	£208,000	1%	£789,001	4%	£134,000	£0	£0	1%	£655,000	£0	4%
Suffolk County Council	£25,851,038	£4,632,434	18%	£2,270,571	9%	£5,214,005	20%	£0	0%	£131,595	1%	£1,092,173	4%	£374,600	£0	£0	1%	£717,572	£0	3%
Sunderland City Council	£20,655,600	£5,701,248	28%	£1,445,961	7%	£2,447,223	12%	£156,025	1%	£114,674	1%	£1,229,764	6%	£244,564	£0	£0	1%	£985,199	£0	5%
Surrey County Council	£23,237,000	£8,291,000	36%	£762,000	3%	£5,616,000	24%	£0	0%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Swindon Borough Council	£7,981,000	£2,490,000	31%	£679,000	9%	£2,021,200	25%	£60,000	1%	£79,000	1%	£218,001	3%	£75,000	£0	£0	1%	£50,000	£93,000	2%
Tameside Metropolitan Borough Council	£11,454,000	£1,038,140	9%	£868,720	8%	£2,219,900	19%	£180,410	2%	£0	0%	£209,770	2%	£26,210	£0	£0	0%	£183,560	£0	2%
Telford & Wrekin Council	£10,600,000	£2,770,000	26%	£780,000	7%	£1,640,000	15%	£530,000	5%	£790,000	7%	£600,004	6%	£460,000	£0	£0	4%	£140,000	£0	1%
Torbay Council	£7,150,000	£2,564,200	36%	£156,500	2%	£1,887,000	26%	£0	0%	£0	0%	£57,000	1%	£0	£0	£0	0%	£57,000	£0	1%
Trafford Metropolitan Borough Council	£10,171,000	£2,990,145	29%	£288,001	3%	£2,582,845	25%	£546,877	5%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Wakefield Metropolitan District Council	£20,230,000	£5,713,000	28%	£1,280,000	6%	£3,250,000	16%	£284,122	1%	£100,000	0%	£1,449,064	7%	£199,390	£0	£0	1%	£807,509	£442,164	6%
Warrington Borough Council	£10,100,000	£2,833,000	28%	£510,000	5%	£1,980,000	20%	£0	0%	£268,000	3%	£170,000	2%	£20,000	£0	£0	0%	£150,000	£0	1%
Warwickshire County Council	£21,200,000	£4,822,000	23%	£479,000	2%	£3,500,000	17%	£434,841	2%	£35,500	0%	£251,001	1%	£236,000	£0	£0	1%	£15,000	£0	0%
West Berkshire Council	£4,381,000	£984,050	22%	£311,000	7%	£1,520,054	35%	£57,500	1%	£158,000	4%	£85,000	2%	£16,000	£0	£0	0%	£44,000	£25,000	2%
West Sussex County Council	£26,700,000	£6,720,000	25%	£1,104,000	4%	£7,583,000	28%	£25,000	0%	£0	0%	£325,000	1%	£100,000	£0	£0	0%	£225,000	£0	1%
Wiltshire Council (Unitary)	£13,261,000	£3,624,800	27%	£800,300	6%	£2,826,300	21%	£247,000	2%	£0	0%	£135,500	1%	£25,000	£0	£0	0%	£110,500	£0	1%
Wirral Council	£25,270,000	£9,769,200	38%	£1,443,300	6%	£3,079,000	12%	£141,354	1%	£141,354	1%	£706,772	3%	£141,354	£141,354	£141,354	2%	£141,354	£141,354	1%
Wokingham Borough Council	£3,839,000	£622,000	16%	£235,000	6%	£911,000	24%	£30,000	1%	£0	0%	£0	0%	£0	£0	£0	0%	£0	£0	0%
Wolverhampton City Council	£18,770,000	£6,334,059	34%	£1,010,000	1%	£3,382,548	18%	£117,369	1%	£70,000	0%	£175,000	1%	£0	£0	£0	0%	£175,000	£0	1%





# Tackling obesity: all talk, no action

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