

**NORTH LINCOLNSHIRE COUNCIL**

**CORPORATE SERVICES  
CABINET MEMBER**

**CREATION OF A POST OF  
OBESITY STRATEGY COORDINATOR**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To seek the Cabinet Member's approval for the creation of a 2-year fixed term part-time post that will contribute to decreasing the prevalence of obesity.
- 1.2 Funding has been identified by NHS North Lincolnshire for this post which will be based within the Health Improvement and Partnerships Team of the Council for management purposes.
- 1.3 If the post is approved, in view of its specialist nature, permission will be sought to advertise both internally and externally at the same time.

**2. BACKGROUND INFORMATION**

- 2.1 Forecasts for the future estimate that levels of obesity will rise to 60% in men, 50% in women and 25% in children by 2050 if we do not act now to prevent it. Levels of obesity in North Lincolnshire are above the national average. (greater detail of the local situation is given in appendix 1 to this report)
- 2.2 Severely obese individuals are likely to die on average 10 years earlier than those with a healthy weight, and at the same time placing burdens on the health service in the future. The Department of Health has put a figure for the cost of every increase in BMI by one point to be £7500
- 2.3 Local costs to the NHS are estimated at £23.6 million now and rising to £27.1 million by 2015 if obesity continues to rise (Foresight report 2008).
- 2.4 A relatively small investment now will bring about proportionately much greater savings in the future if levels can be maintained or preferably, reduced.
- 2.5 Although considerable work currently goes on to combat obesity there is no single post with the responsibility of coordinating and promoting activity to maximise the effects of the various partners.
- 2.6 A Scrutiny Panel report in June 2008 acknowledged that obesity was a major priority for North Lincolnshire and made a series of recommendations which formed the basis of a review of the Obesity Strategy and Action Plan at that time. It is now timely to further review progress and update the Strategy

further in light of activity since then; this will comprise a major area of work for the coordinator.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 Option 1 – Support the creation of a 2-year fixed term part-time post with the postholder becoming a member of the Health Improvement Team and working in partnership with the multi agency Tackling Obesity Partnership.
- 3.2 Option 2 – Identify a partner organisation to host the post.
- 3.3 Option 3 – Do not create a post.

### **4. ANALYSIS OF OPTIONS**

- 4.1 Option 1 – This opportunity to create a coordinator post will aid greater partnership working, identify gaps and enable closer management of commissioned projects around weight management.

Placing the post within the Health Improvement Team will allow the postholder to be supervised, supported and developed appropriately. The Health Improvement and Partnership Manager who will be the post holder's line manager, has lead responsibility for the obesity strategy. The postholder will also receive support from the NHS North Lincolnshire Public Health Team. Plans have recently been announced by the government to transfer the Health Improvement role of PCTs to Local Authorities which will lead to even closer working in the future.

- 4.2 Option 2 – This is feasible but for the reasons above, the council is felt to be a more appropriate location for the post and also that much of the work relating to the wider determinants of obesity is also located there.
- 4.3 Option 3 – Lack of investment in obesity services may see levels of obesity rise as predicted nationally with the associated health risks and costs..

### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1 The post has been evaluated at Grade 8. The annual cost of this post is £18,474 based on 18.5 hours per week, including on-costs.
- 5.2 Funding of £49,440 has been made available for this scheme from the LPSA Rewards Fund.
- 5.3 Office accommodation would be shared with the existing team from within existing resources.

### **6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 – CRIME AND DISORDER, RISK AND OTHER)**

- 6.1 There are no other implications from this report.

## **7. OUTCOMES OF CONSULTATION**

7.1 The Director of Public Health on behalf of NHS North Lincolnshire is in support of Option 1.

## **8. RECOMMENDATIONS**

8.1 That the Cabinet Member approves the creation of the post as described above

SERVICE DIRECTOR NEIGHBOURHOOD AND ENVIRONMENT

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**Background Papers used in the preparation of this report: None**

## **Obesity priorities in North Lincolnshire**

### **Priority 1: Adult Obesity**

Obesity is the second biggest preventable cause of ill health and death after smoking. It is also increasing in this country. In 1992 the Government produced the 'Health of our Nation' White Paper. At that time the target was to reduce levels of obesity, so that by 2005 no more than 6% of adult men and 8% of adult women were classified as obese.

The proportion who were categorised as obese (BMI 30kg/m<sup>2</sup> or over) increased from 13% of men in 1993 to 24% in 2008 and from 16% of women in 1993 to 25% in 2008 (HSE). In addition 10.2% of boys and 8.9% of girls (average 9.6%) in Reception year (aged 4-5 years) and 20% of boys and 16.5% of girls (average 18.3%) in Year 6 (aged 10-11 years) are also classified as obese

Dealing with this could result in a six fold increase in NHS costs alone, from £1billion in 2007, to £6.5 billion.

This suggests that at least half of adult obesity could be undiagnosed in North Lincolnshire. Even so, this lower estimate is still above the national and regional average, of 9.9% and 10.7% respectively. A further 38% adults in North Lincolnshire, equating to 46,500 people, are estimated to be overweight, and therefore at risk of obesity

National projections suggest a steady increase in adult obesity both locally and nationally over the next 15 years, with an average annual increase of 2% a year. The projected increases are higher for people in their middle years and older, who already make up a larger proportion of our adult population. Given the current and projected age profile of North Lincolnshire, we are likely to experience higher than average rates of increase in adult obesity in our area – especially in areas of existing high risk.

People in these older age groups are already at greater risk of long term conditions such as diabetes, heart disease and arthritis. Being overweight or obese can exacerbate these diseases, making it harder for people to recover from ill health and manage their condition effectively. With so many chronic diseases being related to excess body weight we should expect both a rise in obesity related diseases in North Lincolnshire over the next decade and beyond, as well as increasing inequalities in the distribution of these chronic diseases.

Even assuming obesity prevalence remained at current levels, we should still prepare for a growing number of obese adults over the next 5 years. Population growth alone suggests an additional 2500 adults with a BMI >30 living in the community between now and 2014, and an additional 1400 adults on the GP 'obesity' register.

### **Priority 2: Childhood obesity**

The good news is that of those reception year children measured in North Lincolnshire in 2008/9, more than three quarters, 78.5%, were a healthy weight and 7.6% were assessed as at risk of obesity. This is a significant improvement on the previous year's results for this age group, when 10.3% five year olds were assessed as being at risk of obesity. An additional 11.6% of 5 year olds were assessed as at risk of being overweight (compared with 14% in the previous year). Both figures are below the national and regional average for this Year group, which were 10% and 13% 5 year olds respectively for obese, and

overweight. There were also some 2% children who were assessed as underweight in North Lincolnshire, a figure above the national and regional average.

The picture is less positive for those in Year 6, with almost 1 in 5 of those who participated, in the programme, 18.5%, assessed as at risk of obesity. This represents little change on the results for the previous year, although it is similar to the national average. An additional 13.2% 11 year olds in North Lincolnshire were assessed as overweight, (compared with 13% in 2007/8).

It is too early to say whether either of these results mark a trend in North Lincolnshire.

Although childhood obesity and overweight are no higher here than elsewhere, as described above, rates of adult obesity are estimated to be higher in North Lincolnshire, (27.5% compared with 24% nationally). The younger children are when they become obese, the longer they are likely to be living with this risk factor, and so the greater the risk of them developing associated physical and mental health problems at a younger age.

In families where both parents are overweight or obese, children are six times as likely to be so too, compared to children with parents of a healthy weight. Only three percent of overweight or obese children live in families where neither parent is overweight or obese. Breaking this cycle will require a range of approaches, including attention to preventing excessive weight gain in early childhood, among young parents and during pregnancy.

Both child and adult rates of obesity are predicted to increase over the next decade and beyond. Hence the need for a continued focus on reducing unhealthy weight in children and young people, especially in our most deprived communities. Recent national and local evidence suggests a strong link between social deprivation and risk of obesity in children,

### **Priority 3: Breastfeeding rates**

Breastfeeding rates have been lower than the national average for some time in North Lincolnshire. Currently 62% of North Lincolnshire women breastfeed their babies at birth, compared with a national average of 78%. Breastfeeding rates at 6-8 weeks are even lower at 37%, compared with 50% nationally.

Whilst this represents a significant improvement on our 2007/8 performance, and means that we are on track for meeting our target for this health outcome this year, matching the national rates is likely to present a considerable challenge. Not only is artificial feeding the cultural norm in many of our local communities, more than 1 in 3 births are to women who live in our poorest areas – where breastfeeding rates at birth do not rise above 44% and where continuation rates are as low as 11%. Yet breastfeeding could have a major impact on reducing inequalities in infant health and on the incidence of long term conditions in later life.

Breastfeeding could also reduce the financial burden of ill health on the NHS and on families. NICE estimates that each case of gastroenteritis, respiratory infection or otitis media, (acute or chronic ear infection) in the first year of life costs the NHS at least £301, (2006 prices). National research suggests that breastfeeding could also reduce the incidence of pre menopausal breast cancer amongst women by half.