

# Berkshire West Obesity & Weight Management Pathway

**Lesley Wyman FFPH**  
**Consultant in Public Health**  
**Dr Onteeru Reddy**  
**Public Health Programme Manager**

# Prevalence of obesity in Scotland and England by local health authority district

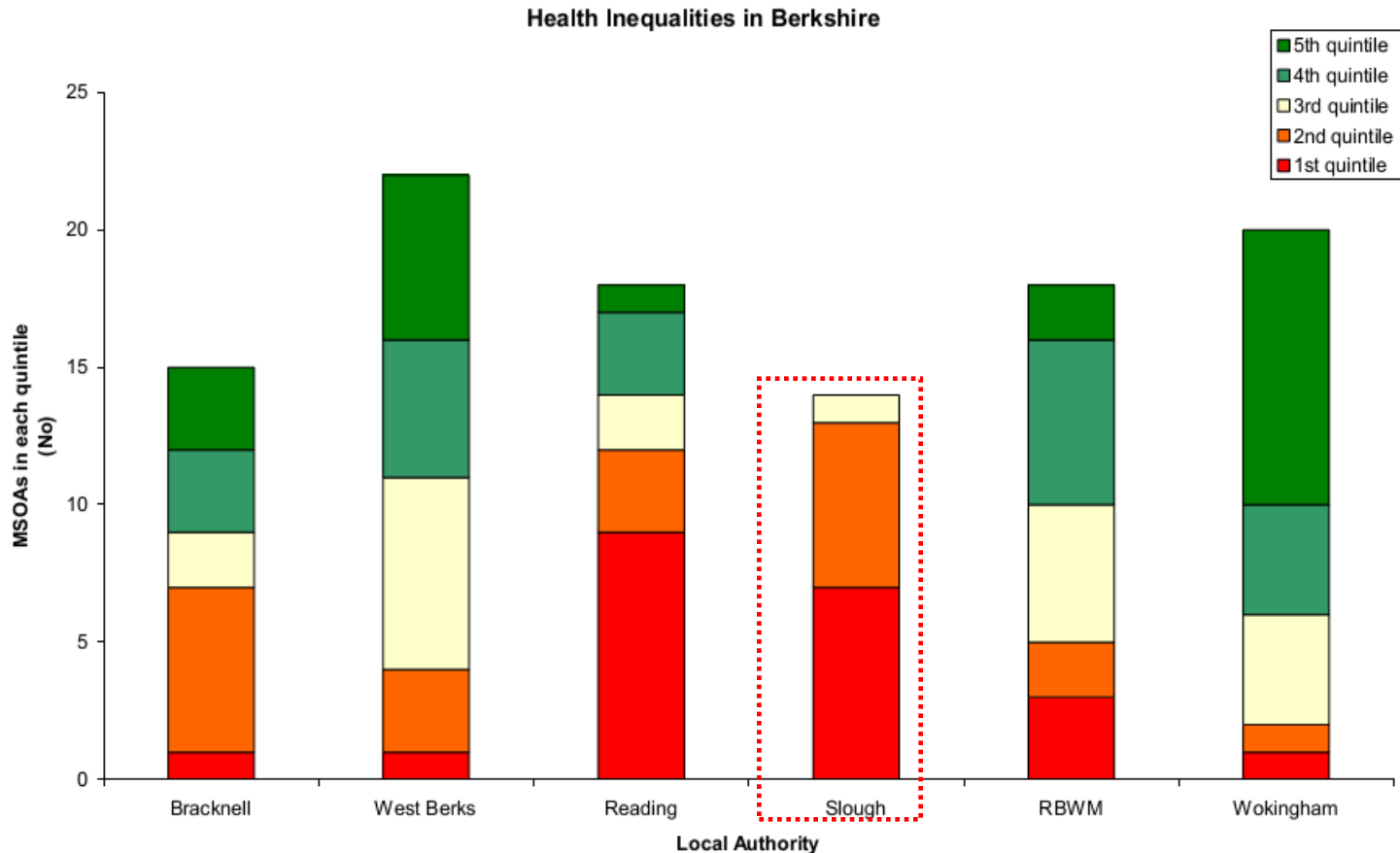
Males  
England 2000–2002  
Scotland 2003



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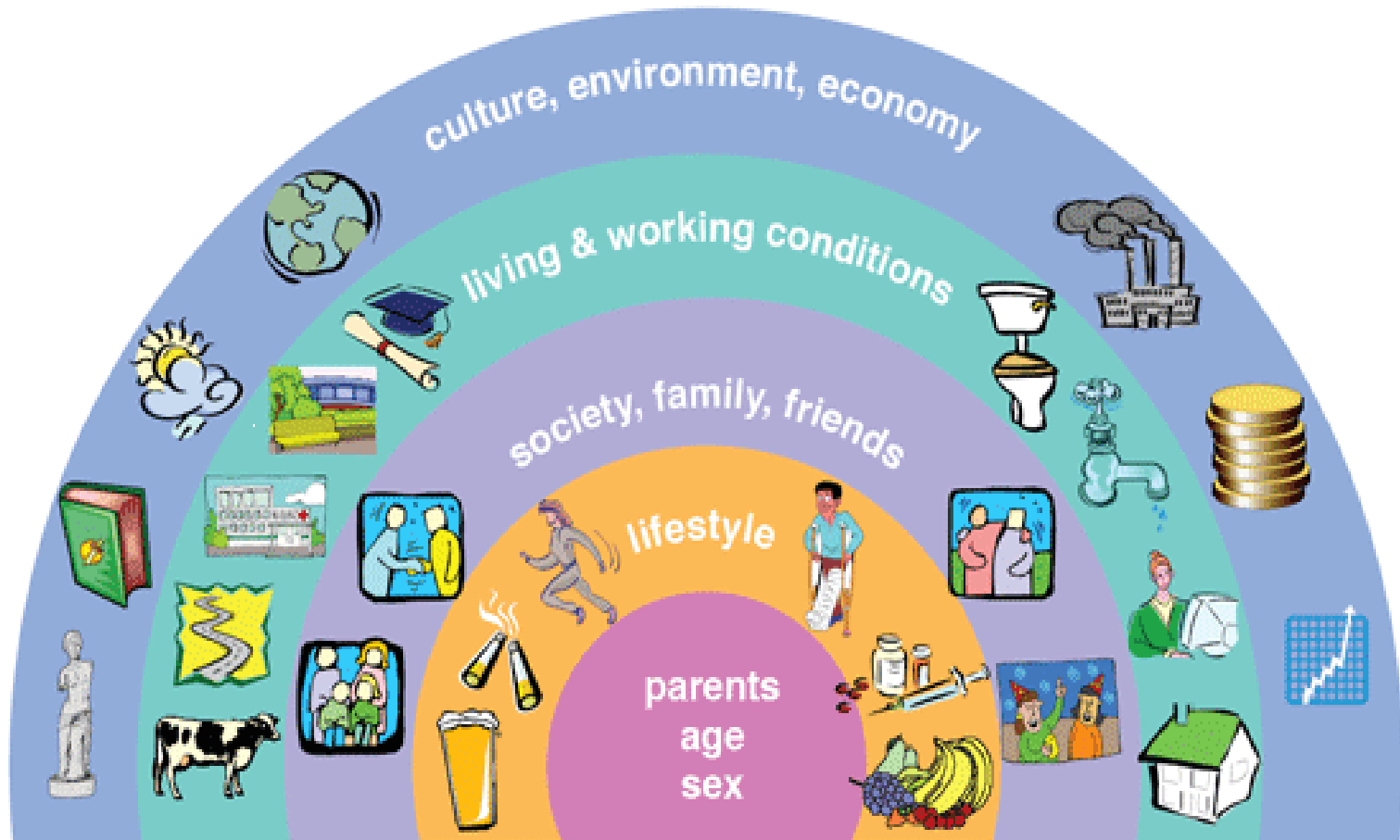
Greater London  
(see inset)

# The Berkshire Picture



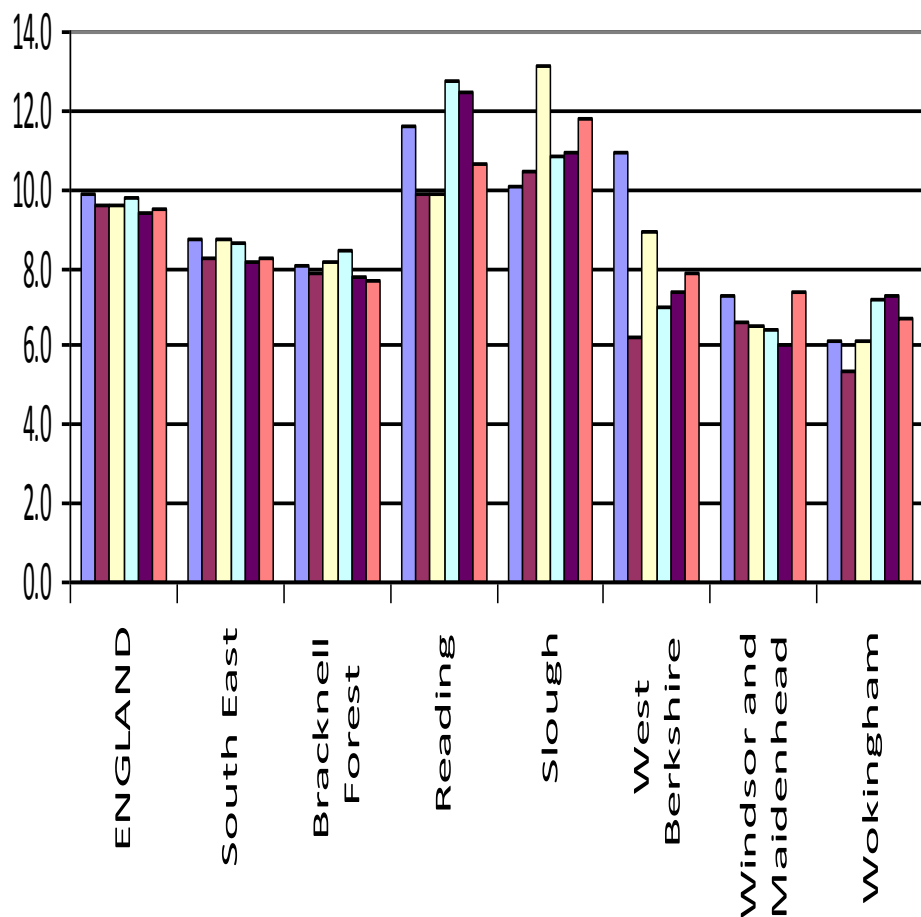
- **Inequalities include (Marmot indicators):** Life expectancy for males/females, child development (age 5), GCSE achievement, income deprivation, low birth weight births, child poverty, unemployment, long term unemployment, emergency hospital admissions for all causes (Standardised Admission Ratio)
- **Overall score:** When all the above are normalised to the same range of scores, Slough has the greatest number of measures in the 'worst' quintiles

# Wider Determinants of Health



### Children aged 4-5 years % obese

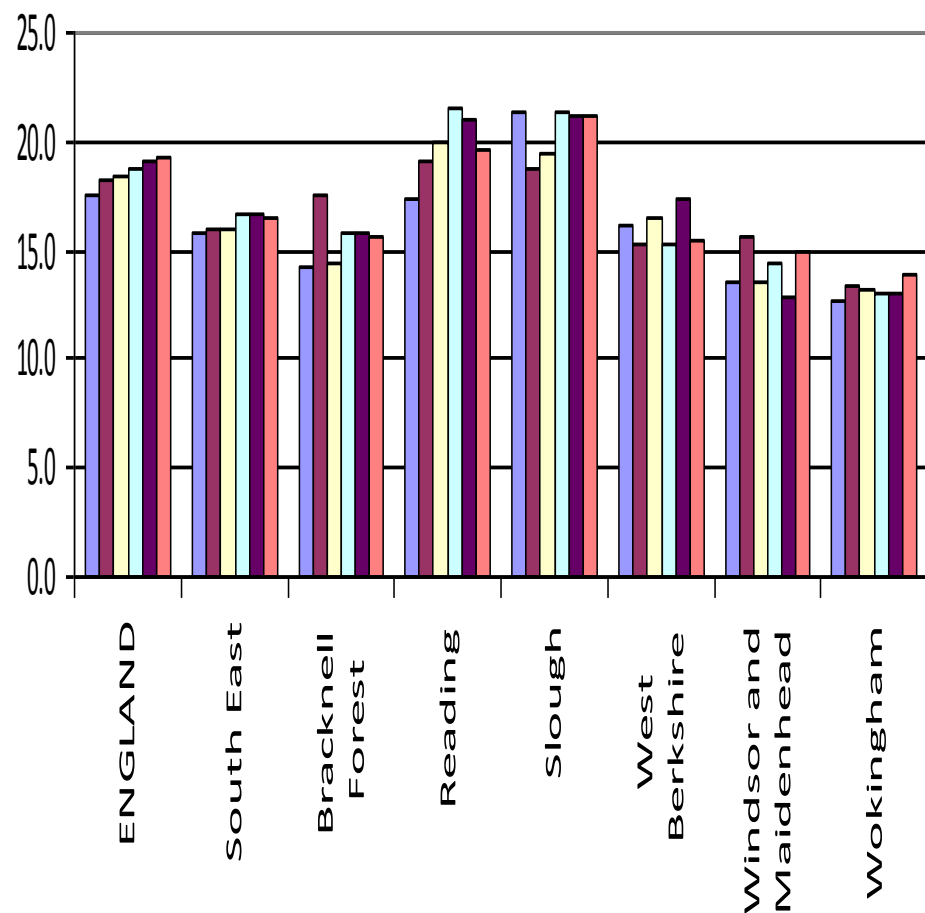
(>=95th centile of the UK90 growth reference)



2006/07 2007/08 2008/09 2009/10 2010/11 2011/12

### Children aged 10-11 years % obese

(>=95th centile of the UK90 growth reference)

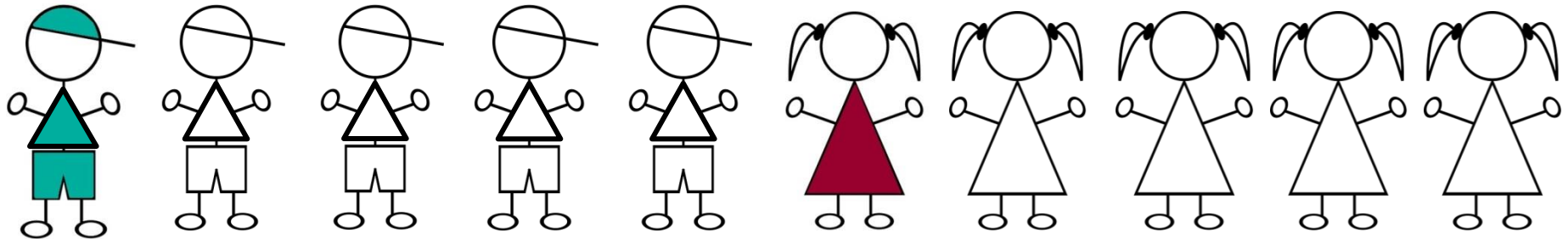


2006/07 2007/08 2008/09 2009/10 2010/11 2011/12

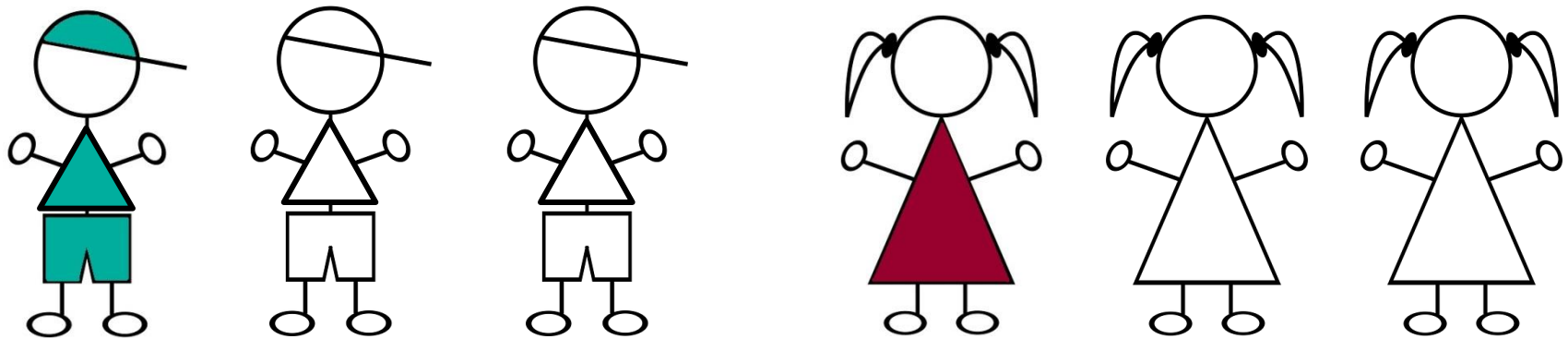
# Prevalence of overweight in children

National Child Measurement Programme 2011/12

–One in five children in Reception is overweight or obese (boys 23.5%, girls 21.6%)



–One in three children in Year 6 is overweight or obese (boys 35.4%, girls 32.4%)

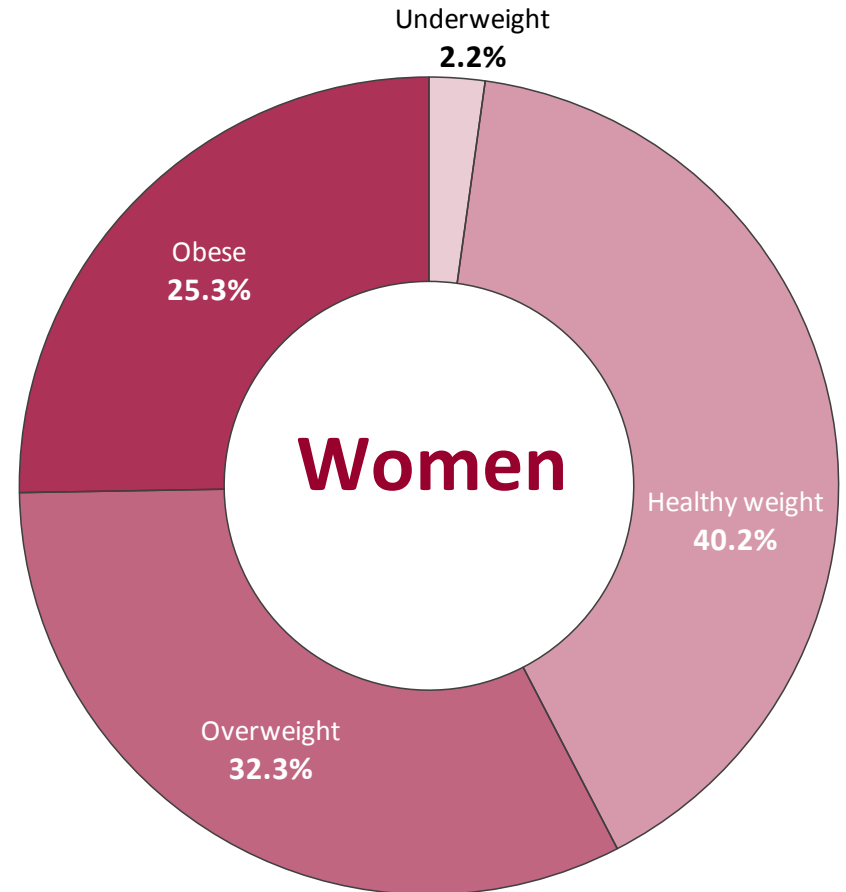
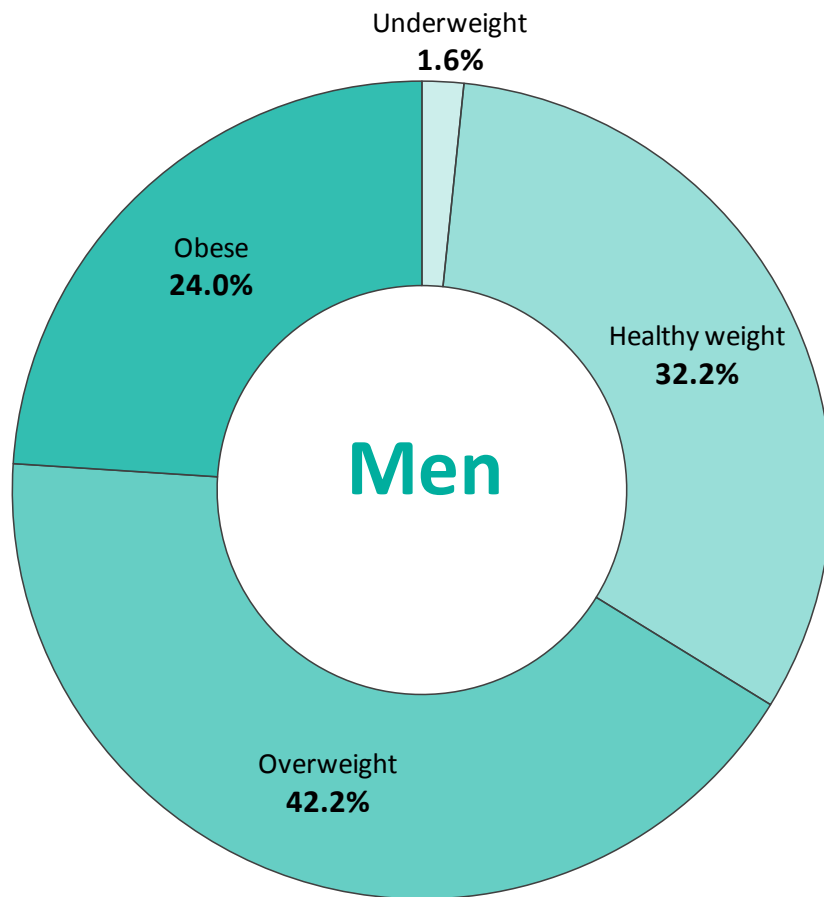


–Child overweight (including obesity)/ excess weight: BMI  $\geq$  85<sup>th</sup> centile of the UK90 growth reference

<b>BMI Definition</b>	<b>BMI range (kg/m<sup>2</sup>)</b>
Underweight	Under 18.5
Normal	18.5 to less than 25
Overweight	25 to less than 30
Obese	30 to less than 40
Obese I	30 to less than 35
Obese II	35 to less than 40
Morbidly obese/obese III/severe	40 and over
Overweight including obese	25 and over
Obese including morbidly obese	30 and over

# Adult prevalence by BMI status

Health Survey for England 2009-2011



## Adult (aged 16+) BMI thresholds:

Underweight:  $<18.5\text{kg/m}^2$

Overweight: 25 to  $<30\text{kg/m}^2$

Healthy weight: 18.5 to  $<25\text{kg/m}^2$

Obese:  $\geq 30\text{kg/m}^2$





Institute for  
European  
Environmental  
Policy

# Unfit for Purpose: How Car Use Fuels Climate Change and Obesity



Adrian Davis  
Carolina Valsecchi  
Malcolm Fergusson

August 2007

# Obesity rates are lower in more equal societies



# Morbidity associated with obesity

## Population Attributable Fraction

### Disease Men (%)

Angina pectoris 15

Colon cancer 30.6

Gall bladder diseases 15

Hypertension 26

Myocardial infarction 9.9

Osteoarthritis 16.5

Ovarian cancer n/a

Stroke 6.2

**Type 2 Diabetes 48**

## Population Attributable Fraction

### Disease Women (%)

Angina pectoris 17.2

Colon cancer 30.7

Gall bladder diseases 17.2

Hypertension 45.4

Myocardial infarction 36.6

Osteoarthritis 9.4

Ovarian cancer 15.4

Stroke 7.2

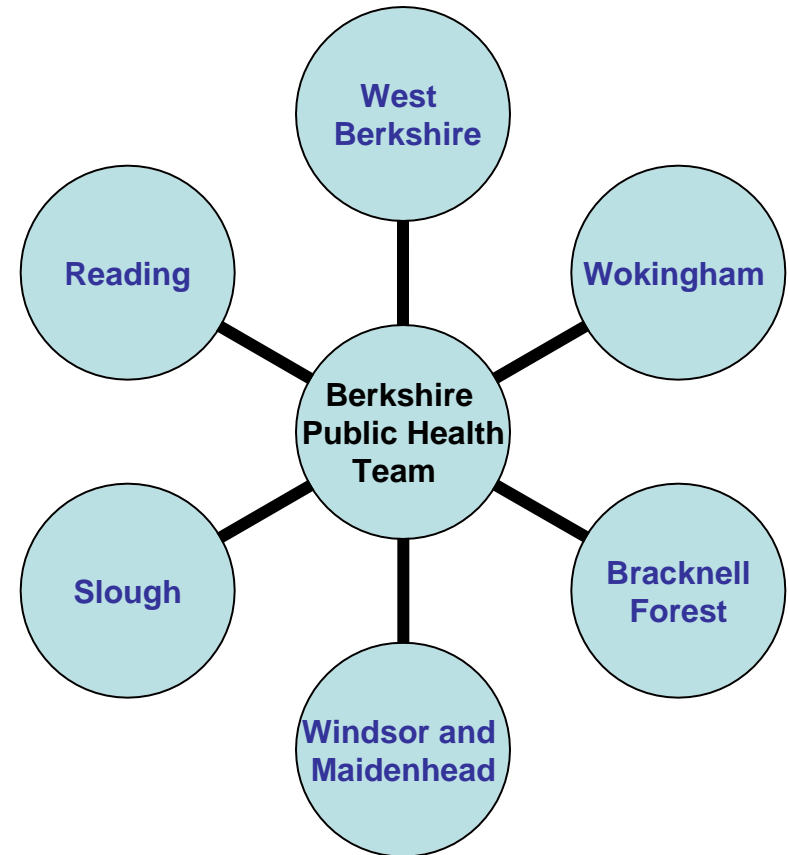
**Type 2 Diabetes 75.3**

# Risks of obesity

- Best tool to assess cardio-metabolic risk: Using BMI and waist circumference to assess risk of health problems, 22% of men were estimated to be at increased risk; 12% at high risk and 23% at very high risk in 2010. Equivalent figures for women were: 14%, 19% and 25%.
- As BMI increases the number of obesity-related co-morbidities increases. The number of patients with  $\geq 3$  co-morbidities increases from 40% for a BMI of  $< 40$  to more than 50% for BMI 40-49.9 to almost 70% for BMI 50-59.9 and ultimately to 89% for BMI  $> 59.9$ .
- Obesity co-morbidities being insulin resistance, type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, left atrial enlargement, left ventricular hypertrophy, gallstones, several types of cancer, gastro-oesophageal reflux disease, non-alcoholic fatty liver disease (NAFLD), degenerative joint disease, obstructive sleep apnoea syndrome, psychological and psychiatric morbidities. It lowers life expectancy by 5 to 20 years. Direct costs of obesity are estimated to be £4.2 billion (Department of Health)

# What happened in 2013

- Public Health teams departed from the NHS and became part of the Local Authorities
- Some contracts remained but some services difficult to continue running – e.g. obesity



# The history – in brief

- **Tier 2 obesity services included (primary care and community):**
  - Weight management LES
  - Dietitians contract – Weight no Longer
  - Eat 4 Health
  - Lets Get Going for children
  - Exercise on referral
  - Pre-diabetes pilot
- **Tier 3 obesity service (Primary Care):**
  - Barometer
- **Tier 4 obesity service (secondary care):**
  - Multidisciplinary non-surgical service(1 year) and bariatric surgery

### Not ready to change

Overweight or obese BMI 25 and above  
Motivational interviewing – if no change f/u in 12 months, if yes go to treatment  
Give information on overall health risks  
Discuss value of losing weight and options available for support  
Give "Why lose weight" (DOH) + healthy eating + physical activity leaflet

### Ready to change

Assessment  
BMI  
Waist  
circumference  
Readiness to  
change

Overweight  
BMI 25-29.9 (Caucasian)  
BMI 23 -27.9 (Asian)

Tier 1  
Workplace interventions Give information on health risks healthy eating, physical activity WEBSITES, commercial slimming organisations targeted community projects/Health Activists, voluntary support groups Walk-in4health at the BSM

Monitor annually and return to care pathway

Obese  
BMI 30 -35 without co-morbidities; flexible BMI's/self-referrals for Eat4Health

Tier 2  
Weight management LES in primary care Eat 4 Health [WNL] Dietetic led groups and one to ones commercial slimming organisations

If unsuccessful refer to Specialist WM service in primary care

Obese  
BMI 30-35 with co-morbidities  
Or BMI 35-45

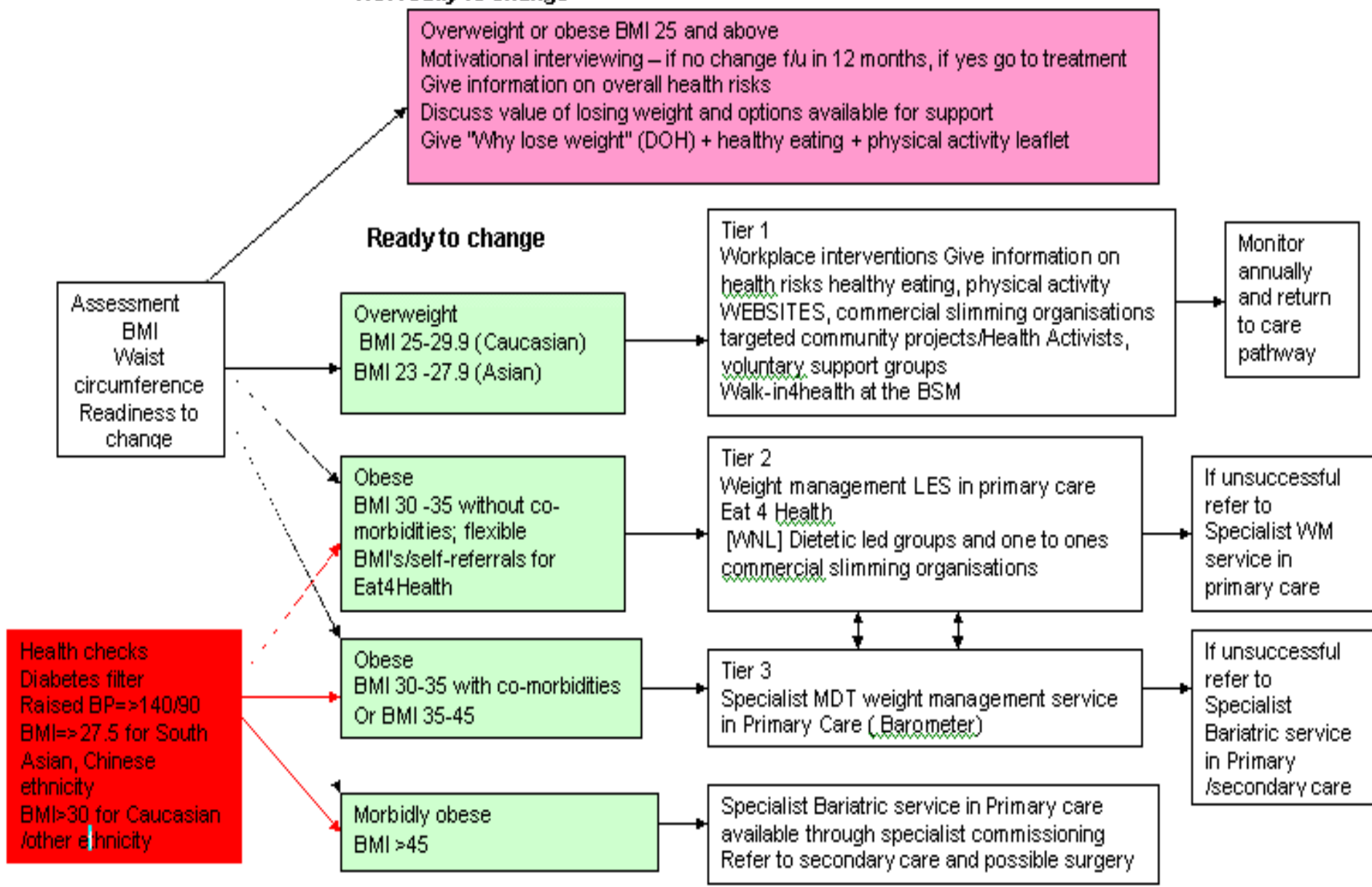
Tier 3  
Specialist MDT weight management service in Primary Care (Barometer)

If unsuccessful refer to Specialist Bariatric service in Primary /secondary care

Morbidly obese  
BMI >45

Specialist Bariatric service in Primary care available through specialist commissioning Refer to secondary care and possible surgery

Health checks  
Diabetes filter  
Raised BP=>140/90  
BMI=>27.5 for South Asian, Chinese ethnicity  
BMI>30 for Caucasian /other ethnicity



# Where are we now?

- **Weight management LES**
  - Eastfield House, Northcroft Surgery, Thatcham Medical practice, Theale Medical Centre.
- **Dietitians Weight no Longer**
  - Continues as part of their contract
- **Eat 4 Health**
  - Continues as the main service
- **Pre-diabetes pilot**
  - Phase 3
- **Exercise on referral**
  - Is this the right programme for obesity?



# Barometer

- 4 cohorts per year in Wokingham (Woodley Surgery)
- 3 cohorts per year in Newbury (Northcroft Surgery)
- Nothing in Reading .....
- Compare with the multi-disciplinary service in RBH re effectiveness and cost effectiveness.

# The Obesity Care Pathway

- Currently in existence but needs updating (dietitians) with PH + CCG inputs and re-launching
- Decision re Berkshire-wide or Berkshire West (currently across county)
- Decision re professionals only or make available to the public
- <http://nww.berksobesitycarepathway.nhs.uk/home.asp?fldArea=0&fldMenu=0&fldSubMenu=0&fldKey=1>

# What do we want for the future?

- Carry on WM LES or discontinue?
- Invest more in Eat 4 Health and tender out. Consider PBR incentive payments
- Greater investment and relationship with dietitians- Regular updating of obesity care pathway, WNL plus link in with Walking 4 Health programme
- Disincentivise (static) obesity registers, incentivise Pre-diabetes risk registers and roll-out the scheme across all of Berkshire West, utilising E4H and W4H
- Invest in Barometer/model, moving MDT non-medical programme out of Secondary care. (who funds for tier 3 before the surgical option?)