Active Lives and Healthy Weight; A Proposed Service for Obesity Prevention and Weight Management Services for Adults, Families, Children and Young People in Lancashire County to Support Sustained Behaviour Change

Consultation Brief

The purpose of this briefing paper is to outline the commissioning intentions of Lancashire County Council for an integrated Active Lives and Healthy Weight Service across the County to improve the health and wellbeing of people of all ages living in our communities with a particular focus on tackling obesity. The Active Lives and Healthy Weight Service for Lancashire is defined as obesity prevention, opportunities for physical activity and weight management which target adults, families, children and young people.

A consultation is being undertaken with current providers, service users, wider public and key stakeholders to understand views and opinions about the proposed new service delivery in order to support the development and co-production of a realistic framework for an Active Lives and Healthy Weight Service for Lancashire.

Background

Obesity is an increasing concern in society and is the second most common preventable cause of death after smoking. Each year, £5 billion is spent on obesity related health problems. Estimates suggest that being overweight reduces life expectancy by about three years, and being obese can reduce life expectancy by 10 years. Public Health England (PHE) estimates the number of deaths attributable to obesity each year, is likely to be at least 6% (30,000 people) in England, with perhaps a third of these taking place before state retirement age¹. Healthy Lives, Healthy People² reported that the health risks for people with obesity are pronounced.

There is a global downwards trend towards physical activity despite its known benefits. The causes of physical inactivity are mostly due to changes over recent years which have made daily living and working environments increasingly sedentary³. Inactivity, described by the DH as a "silent killer," directly costs the NHS across the UK an estimated £1.06 billion¹⁴. In the UK, physical inactivity is the fourth largest cause of disease and disability⁴ and is responsible for 1 in 6 (17%) of deaths⁵. Estimates suggest that in England, physical inactivity causes 10% of heart disease, 13% of type 2 diabetes, 18% of breast cancer and 17% of all mortality. Over one in four women and one in five men do less than 30 minutes of physical activity a week, so are classified as 'inactive'⁶.

Current Service Provision

There is currently a very fragmented approach to weight management and physical activity services with inequitable provision across the County. Commissions range from local food growing initiatives, exercise referral, weight management for children, young people and adults, cycling and walking schemes and other physical activity schemes.

The models implemented by providers vary, as do the contract values, activity and achieved outcomes, coverage and value for money. The re-commissioning process for weight management and physical

¹ Public Health England. Adult and Child Obesity Statistics, updated 2014. http://www.noo.org.uk/

² Department of Health (2011). Healthy Lives, Healthy People: A Call to Action on Obesity in England. DH.

³ WHO (2007). Steps to Health: A European Framework to Promote Physical Activity for Health. Copenhagen: WHO.

⁴ Murray *et al* (2013) UK Health Performance: Findings of the Global Burden of Disease Study 2010. *The Lancet* 381: 997-1020.

⁵ Lee I-M, *et al.* (2012) Effect of Physical Inactivity on Major Non-Communicable Diseases Worldwide: An Analysis of Burden of Disease and Life Expectancy. *The Lancet* 380: 219–29

⁶ Health and Social Care Information Centre (2014). *Statistics on Obesity, Physical Activity and Diet: England* 2014.

activity services will redress the inequity in current service provision, investing in services based on need and ensuring that there is provision across the life-course.

Service Re-design

The aim is to commission an integrated Active Lives and Healthy Weight Service, incorporating equitable and tangible prevention activity and targeted provision that is evidence based, outcomes focussed and accessible to the population across all ages. The service will also provide clear links for specialist and clinical services management.

The service will be delivered over five footprints based on Lancashire's six Clinical Commissioning Groups (CCGs). These will cover all 12 Lancashire districts

- NHS Lancashire North CCG: Lancaster
- NHS Fylde and Wyre CCG: Fylde and Wyre
- NHS East Lancashire CCG: Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale
- NHS Greater Preston CCG and NHS Chorley and South Ribble CCG: Greater Preston, Chorley and South Ribble
- NHS West Lancashire CCG: West Lancashire.

Proposed Service Description

The Active Lives and Healthy Weight Service will comprise of obesity prevention, opportunities for physical activity and weight management, focusing on dietary change and behavioural components. It will provide a coordinated information, assessment and support programme to the people of Lancashire who meet the eligibility criteria as outlined in the *Active Lives and Healthy Weight Service for Lancashire Pathway Overview*. The service will:

- Maximise the use of available digital technology and social media, to ensure the service is well
 promoted within Lancashire enabling mass participation and to provide innovative ways of
 reaching out to communities.
- Implement a variety of behavioural programmes to encourage better self-management of individuals and peer support to sustain behaviour change.
- Provide targeted community Active Lives and Healthy Weight Service interventions for obesity prevention, opportunities for physical activity and weight management.

The service will have a good understanding of local community service provision and ensure staff in local health services are aware of, and make referrals to, the Active Lives and Healthy Weight Service for Lancashire in order to ensure an integrated pathway. This includes, but is not limited to, GP practices, pharmacies, NHS Health Check programme and specialist or clinical weight management interventions. The service will be outcomes-based and report to national service evaluation frameworks to contribute to the development of the evidence base.