

Weight Management  
9th SECTOR  
PRACTICE NURSE  
& HCA CONFERENCE - SWL  
16/11/2021

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RBK Public Health Nutritionist



# Session aims

- **Background**
  - Harmful effects of obesity
  - Tackling obesity – the scale of the problem
  - Risk factors & health inequalities
- **Weight management initiatives**
  - A call to action
  - National initiatives
  - Local example of weight management support services available in RBK
- **Making Every Contact Count around weight management and obesity**
- Other support that would be useful to those with a weight issue



# Obesity harms adults



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Less likely to be in  
employment



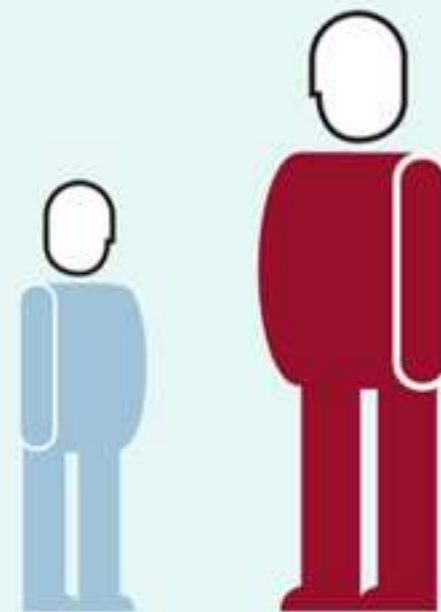
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Discrimination  
and  
stigmatisation



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Increased risk of  
hospitalisation



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Obesity reduces life  
expectancy by an  
average of 3 years

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Severe obesity reduces  
it by 8-10 years



## The economic costs of obesity

Obesity costs  
the wider society  
**£27 billion**



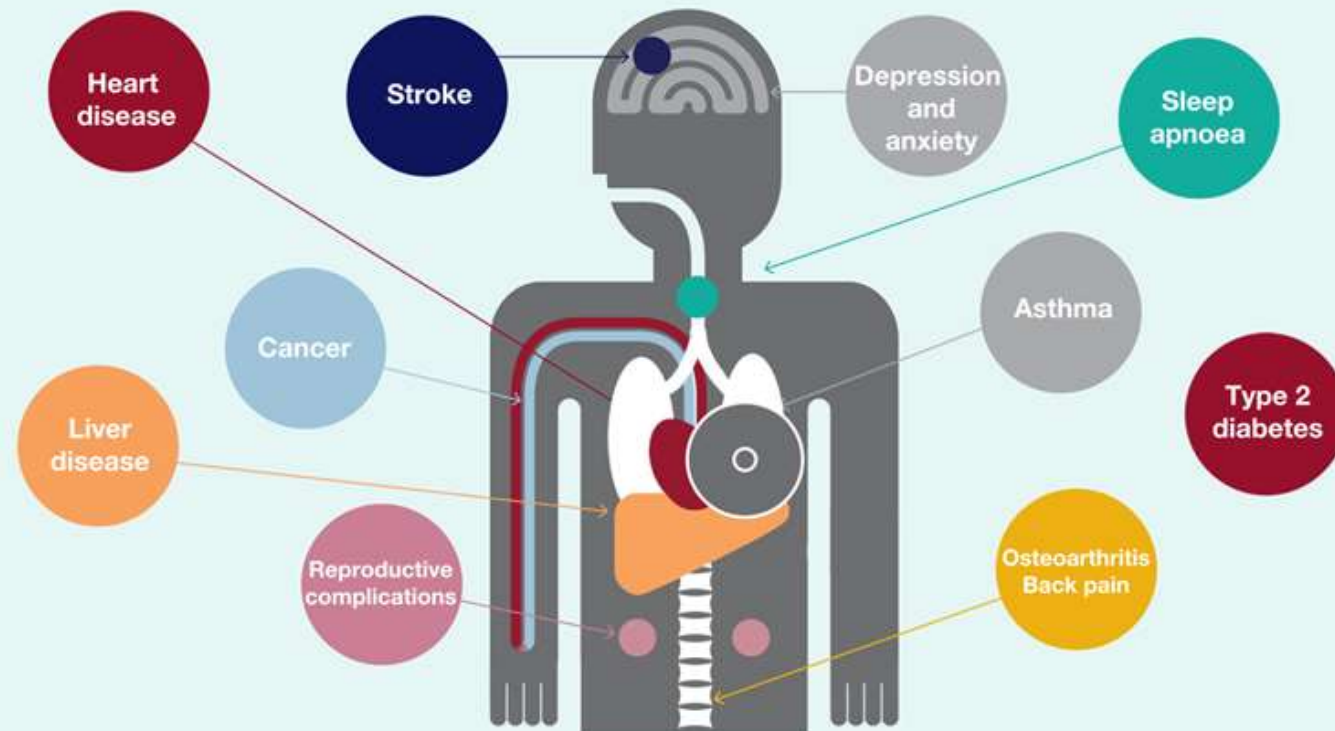
The NHS  
spent an estimated  
**£6.1 billion**  
on overweight and  
obesity-related ill-  
health in 2014/15

We spend **more** each year  
**on the treatment** of obesity  
and diabetes **than** we do on  
the **police, fire service and  
judicial system combined**





## Obesity harms health



- More severe health outcome & higher risk of mortality from Covid-19

## Obesity harms children and young people



Emotional and behavioural

- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life

[child obesity video on how to promote a healthier weight.](#)

[promoting-a-healthier-weight-for-children-young-people-and-families-consistent-messaging](#)

- Research shows that children who stay a healthy weight and lead a healthy lifestyle tend to be fitter, healthier, have better attendance in school, and be more self-confident
- They're also much less likely to have health problems in later life



# Overweight & Obesity – The scale of the problem

## Key Facts from England 2018:



The majority of adults were overweight or obese; 67% of men and 60% of women.

This included 26% of men and 29% of women who were obese.



11,117 hospital admissions directly attributable to obesity

An increase of 4% on 2017/18, when there were 10,660 admissions

- 876 thousand hospital admissions where obesity was a factor

[digital.nhs.uk/data-and-information/statistics-on-obesity-physical-activity-and-diet/england-2020](https://digital.nhs.uk/data-and-information/statistics-on-obesity-physical-activity-and-diet/england-2020)

● Better 95% ● Similar ● Worse 95% ○ Not applicable

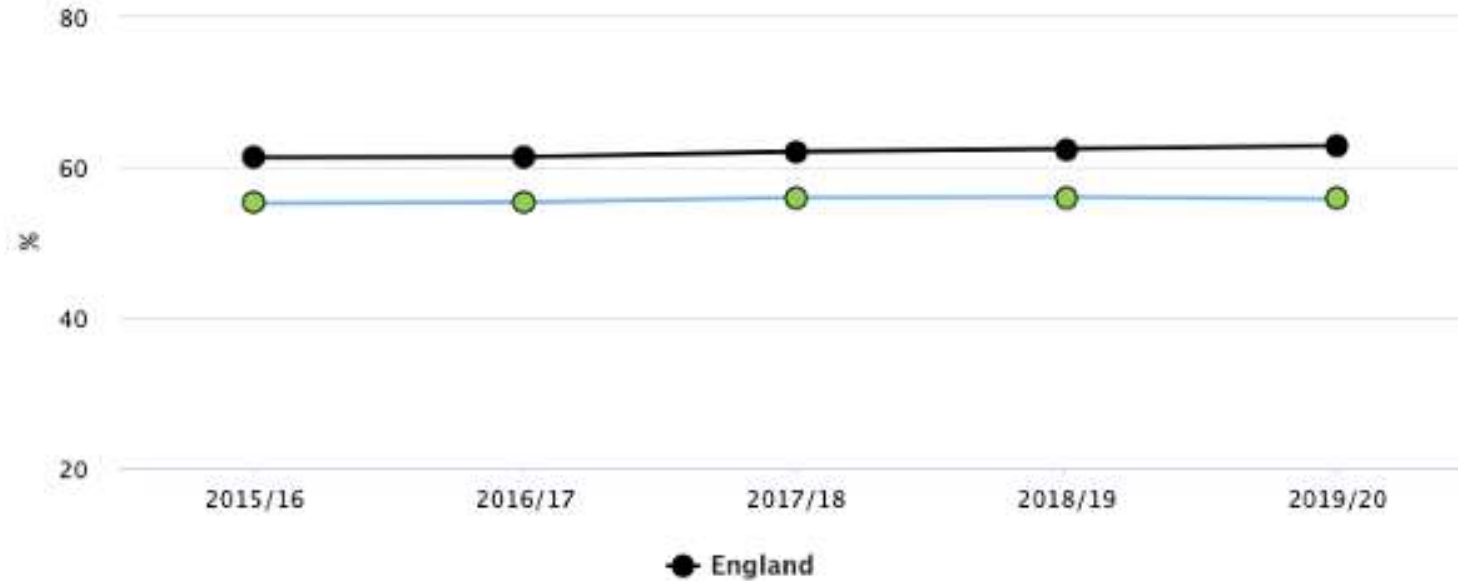


Figure 1. Percentage of adults (aged 18+) classified as overweight or obese (London compared with England) [Source](#)

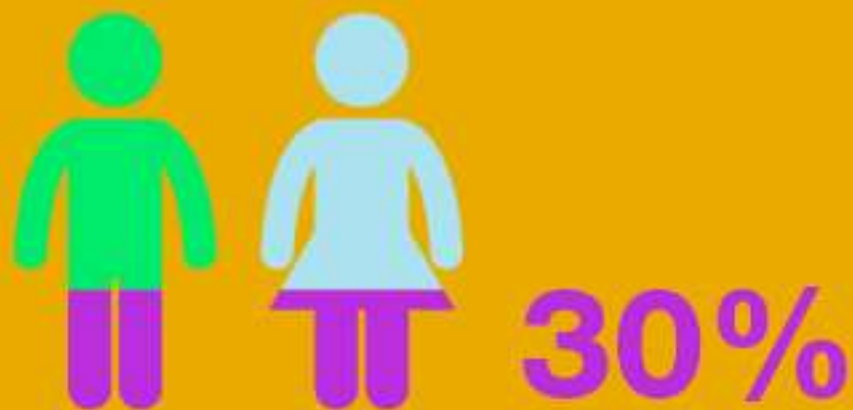
Table 1. Percentage of adults (aged 18+) classified as overweight or obese (SWL region compared with London & England)

Region	2015/16	2016/17	2017/18	2018/19	2019/20
SWL Average	55.2%	53.4%	54.5%	56.3%	53.5%
SWL Range	50.6-56.9%	48.2-57.3%	47.7-60.1%	52.5-62.9%	50.3-61.5%
London	55.2%	55.2%	55.9%	55.9%	55.7%
England	61.3%	61.3%	62.0%	62.3%	62.8%



# Obesity in children

Younger generations are becoming obese at **earlier ages** and **staying obese into adulthood**



of children aged 2 to 15 years old are **overweight** or **obese**

\*Academic year 2017

Of every 100 4 and 5 years olds in England\* there are:



Of every 100 10 and 11 years olds in England\* there are:



\*Academic year 2017 - 2018

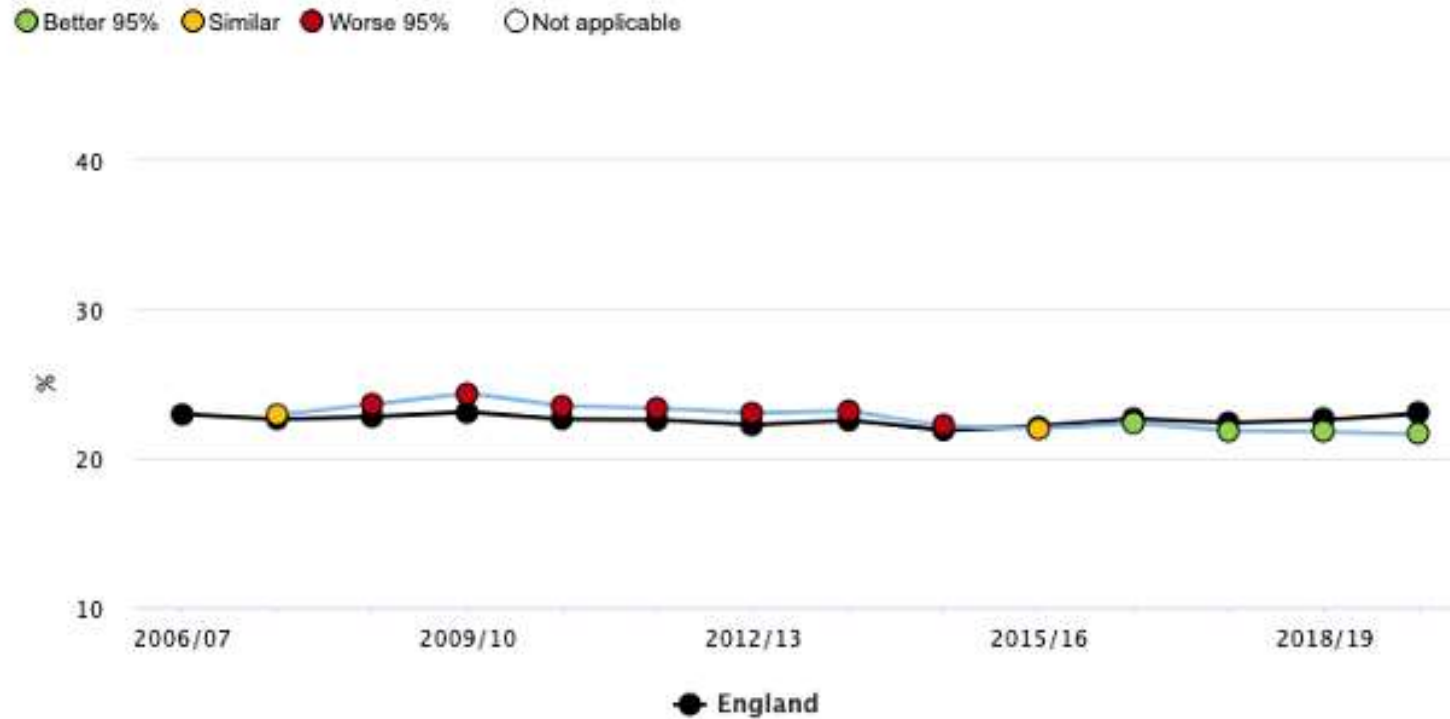


Figure 2. Reception: Prevalence of overweight (including obesity) London compared with England [Source](#)

Table 2: Reception: Prevalence of overweight (including obesity)

Region	2015/16	2016/17	2017/18	2018/19	2019/20*
SWL Average	18.0%	18.7%	17.8%	18.5%	17.9%
SWL Range	14.3-21.5%	15.0-23.7%	13.9-21.9%	15.6-22.3%	14.9-21.8%
London	22.0%	22.3%	21.8%	21.8%	21.6%
England	22.1%	22.6%	22.4%	22.6%	23.0%

\*Interpret with caution – limited data collection

● Better 95% ● Similar ● Worse 95% ○ Not applicable

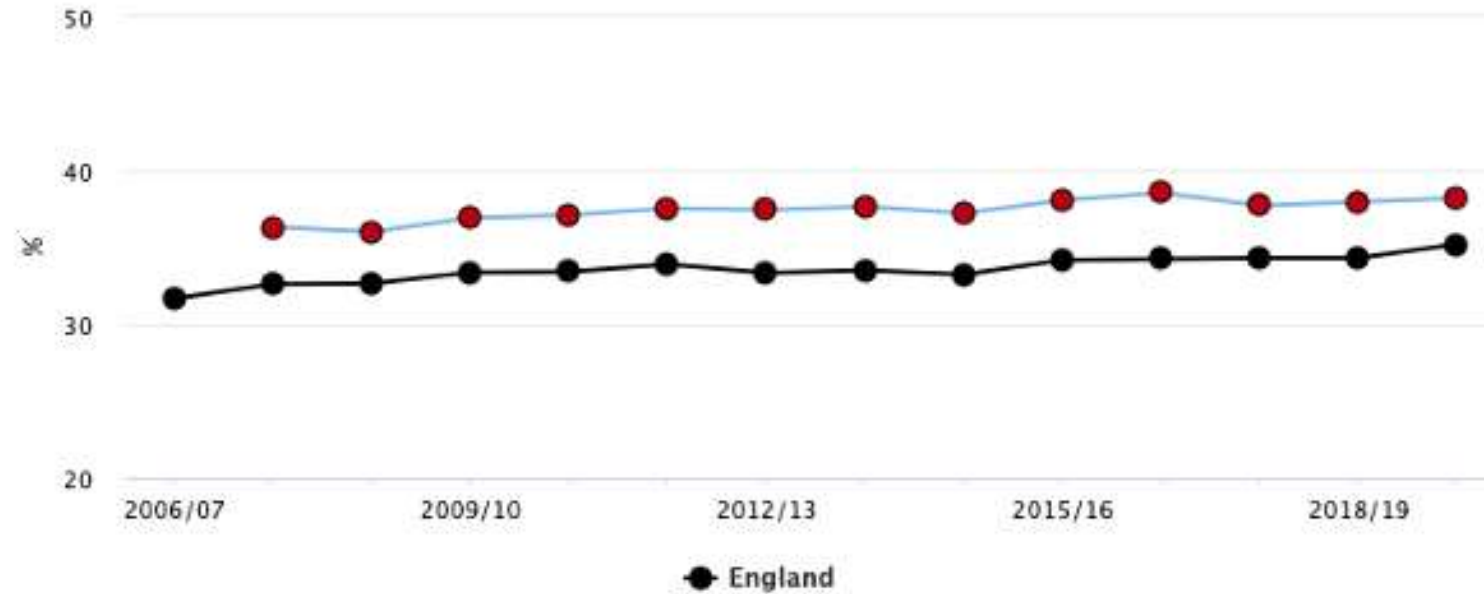


Figure 3. Year 6: Prevalence of overweight (including obesity) London compared with England [Source](#)

Table 3. Year 6: Prevalence of overweight (including obesity)

Region	2015/16	2016/17	2017/18	2018/19	2019/20*
SWL Average	33.0%	33.2%	32.0%	32.8%	34.5%
SWL Range	29.7-38.9%	29.1-37.7%	26.4-37.9%	27.4-38.6%	31.1-39.5%
London	38.1%	38.5%	37.7%	37.9%	38.2%
England	34.2%	34.2	34.3%	34.3%	35.2%

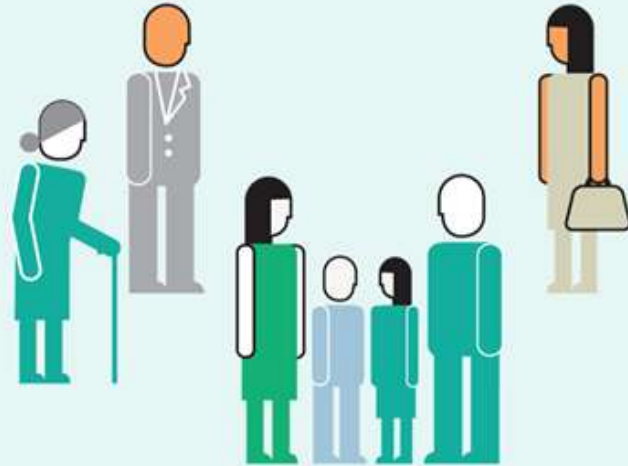
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Public Health  
England

## Obesity does not affect all groups equally

Obesity is more common among:



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People from more deprived areas

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Older age groups

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Some black and minority ethnic groups

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People with disabilities

# Excess weight and health inequalities

- The **prevalence of type 2 diabetes is up to 6 times higher among South Asians**, it tends to develop at a younger age and disease progression is faster
- In the UK, people of black African and African-Caribbean origin **are 3 times more likely to have type 2 diabetes** than the white population
- Black, Asian and minority ethnic populations and those living in deprived areas are at greater risk of dying from COVID-19



# Indicators of overweight and obesity: Body mass index

## BMI Formula

$$\text{BMI} = \frac{\text{Weight in Kg}}{\text{Height in m} \times \text{Height in m}}$$

$$\text{BMI} = \frac{\text{Kg}}{\text{m}^2}$$



## Black, Asian and other minority ethnic groups

Black, Asian and other minority ethnic groups have a higher risk of developing some long-term (chronic) conditions, such as type 2 diabetes.

These adults with a BMI of:

- 23 or more are at increased risk
- 27.5 or more are at high risk



# Definitions & guidance for BAME groups

- Black, Asian & Minority ethnic (BAME) groups are defined as having the following family origins:
  - South Asian (e.g., India, Pakistan or Bangladesh)
  - Black African & African-Caribbean
  - 'Other minority ethnic groups' includes people of Chinese, Middle-Eastern (e.g., Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates and Yemen) and mixed family origin.
- The following groups should be encouraged to have a risk assessment for type 2 diabetes:
  - **All eligible adults aged 40 years and over** (<https://www.healthcheck.nhs.uk/>)
  - **people aged 25 to 39** of South Asian, Chinese, African-Caribbean, black African and other high-risk black and minority ethnic groups, except pregnant women (<https://riskscore.diabetes.org.uk/start>)
- **Even if you feel healthy, you can still be at risk of developing type 2 diabetes!**

# Ethnic difference in body composition

## The Y-Y paradox

*Chittaranjan S Yajnik, John S Yudkin*

Thin on the outside fat on the inside (TOFI)

There is no one size fits all!



# Why waist size also matters

- Regardless of your BMI, you should try to lose weight if your waist is:

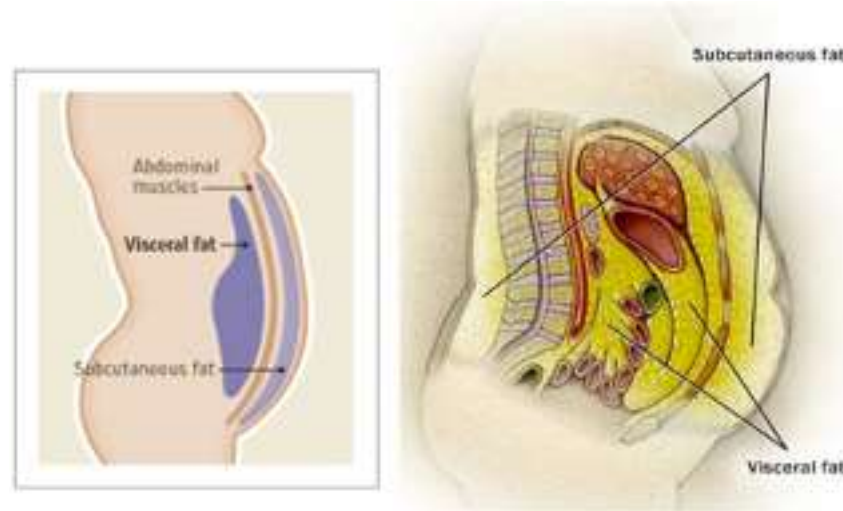
- 94cm (37ins) or more for men
- 80cm (31.5ins) or more for women
  
- You're at very high risk and should contact a GP if your waist is:
- 102cm (40ins) or more for men
- 88cm (34ins) or more for women



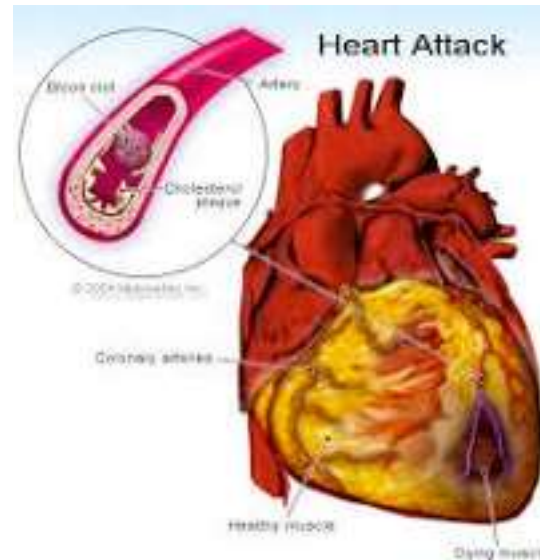
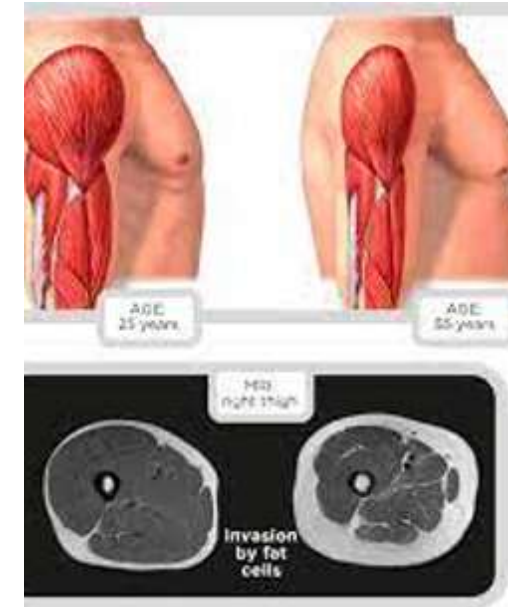
- To measure your waist:
  - Find the bottom of your ribs and the top of your hips.
  - Wrap a tape measure around your waist midway between these points.
  - Breathe out naturally before taking the measurement.

Thin on the outside fat  
on the inside (TOFI)

- Visceral fat – more metabolically active
- Closely related to insulin resistance, pre-diabetes & type 2 diabetes



## Sarcopenia



*'a syndrome characterised by progressive, and generalised loss of skeletal muscle mass and strength, with a risk of adverse outcomes, such as physical disability, poor quality of life, and death'* (Cruz-Jentoft et al., 2010).

Policy paper

# Tackling obesity: empowering adults and children to live healthier lives

Published 27 July 2020

- We must take action to help everyone – adults and children alike to prevent obesity developing
- for adults who are already overweight or living with obesity we need to do more to support them to reduce their weight and to improve their health
- **NHS Long Term Plan** to make weight management services available from next year to those most at risk (people living with obesity with type 2 diabetes and/or hypertension)
- **Accelerate the expansion of the NHS Diabetes Prevention Programme** to support those people who are most at risk, providing access to high-impact weight loss services for those that need it the most.

[government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives - empowering-everyone-with-the-right-information-to-make-healthier-choices](#)

# A call to action

That is why we are introducing a new campaign – a call to action to take steps to move towards a healthier weight. PHE's new Better Health campaign will urge people to take stock of how they live their lives in the wake of the COVID-19 pandemic, promoting evidence-based tools and apps with advice on how to lose weight and keep it off. You can start by weighing and measuring yourself and checking your BMI through the NHS BMI tool. If you are overweight, you can start your weight loss journey with the free NHS 12-week weight loss plan app.

***“COVID-19 has given us a wake-up call. We need to use this moment to kick start our health, get active and eat better.”***



# Weight management interventions

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Weight management interventions can support individuals to achieve and maintain a healthier weight. **Intensive lifestyle interventions can reduce the incidence of developing T2DM by 30 to 60%.**

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As a health or care professional, you are in a unique position to talk to patients about weight management to prevent ill-health.

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Research shows that well planned, very brief interventions can increase the chances of a patient making a successful weight loss attempt.

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You don't need to be an expert in weight management, and you don't need to spend a lot of time to make a difference.

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**Important to be aware of local weight management services**

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# National Weight Management Initiatives

- The [NHS Digital Weight Management Programme](#) – 12 weeks (18y or over, have a BMI >30 or 27.5 BAME; must also have diabetes, high blood pressure, or both). **GPs incentivised to refer**
- [NHS Diabetes Prevention Programme](#) –NDPP (18y; must have ‘non-diabetic hyperglycaemia’ (NDH), HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or a fasting plasma glucose(FPG) of 5.5 – 6.9 mmol/l) – **SWL referral rate 5-10% of eligible population**
- Diabetes Book & Learn services



Designed to improve access to diabetes courses in south London.

Courses for Diabetes type 1 & type 2

<https://diabetesbooking.co.uk/>



# Free weight loss support



- ✓ Choice of services that work for you
- ✓ Build long lasting, healthy habits
- ✓ Lower your risk of Type 2 diabetes, heart disease and some cancers
- ✓ Reach a healthy target weight
- ✓ Re-energise your life

**Contact us to help you get started, and check your eligibility**

[www.connectedkingston.uk](http://www.connectedkingston.uk)

020 8547 6815

[healthy.lifestyles@kingston.gov.uk](mailto:healthy.lifestyles@kingston.gov.uk)



THE ROYAL BOROUGH OF  
**KINGSTON**  
UPON THAMES

## Adult Weight Management Services in Kingston 2021/22

Connected  
 Kingston

# Free Tier 2 Adult Weight Management Services in the Royal Borough of Kingston



- There are 3 courses people can access; **1) Slimming World 2) Second Nature and 3) Get Active - Eat Well**
  - **In-Person face to face: Slimming World** ( meeting in groups in the community and on social media if desired):
  - **Online: Get Active-Eat Well** (A service that is not delivered face-to-face but remotely via an online platform such as zoom)
  - **Digital: Second Nature** (An intervention that is delivered using digital technology including apps, sensors and trackers)
- **All are 12-week courses and are FREE to access for those who meet the eligibility criteria**

## Eligibility criteria:

- Be 16 years old or over (Slimming World), 18+ (Second Nature, or Get Active - Eat Well)
- Live, work, study, or registered with GP in Kingston
- Have a Body Mass Index (BMI) equal or above 28, **or**
- Have a BMI equal or above 25 with a weight related comorbidity
- Or a BMI of 23 or above, and be from a Black African, African Caribbean, South Asian or Chinese ethnic background



SECOND  
NATURE

## Other Healthy lifestyle Initiatives:

### Adults

- RBK Community Development Team – reaching vulnerable groups
- Healthy Walks - promoting physical activity
- Making Every Contact Count (MECC) - trained 322 Connected Kingston Champions in ‘healthy conversations’ and promoted community healthy weight initiatives

### Children & young people

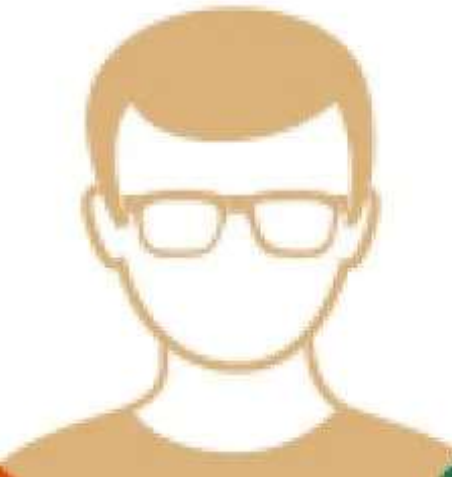
- Healthy Early Years programme & HENRY
- Healthy Family Programme (NCMP)
- Healthy School Awards
  - Promotion of the daily mile



Making

every  
contact

count





# Making Every Contact Count

Many long-term diseases in our population are closely linked to known behavioural risk factors. Around 40% of the UK's disability adjusted life years lost are attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

**Making every contact count** (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.



# Taking action: Making Every Contact Count

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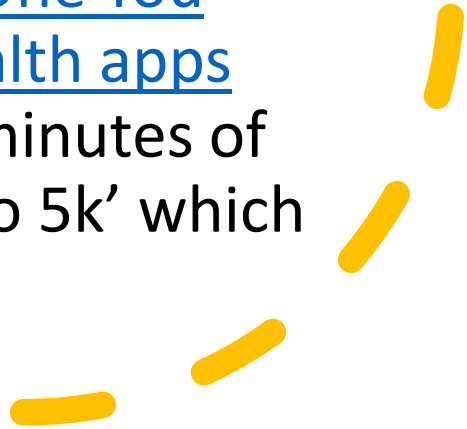
**If you're a front-line health professional:**

- **Take time to find out about the resources and services in your area that can help people lose weight.**
- Speak to your patients/group member/s about achieving and maintaining a healthy weight, referring them to information or services if necessary
- If a patient/group member discusses their weight themselves, acknowledge their concerns and commend them for raising the issue and wanting to take action

# Taking action: Making Every Contact Count

- Recognise that individuals may take time to find the right solution for them; like quitting smoking, achieving and maintaining a healthier weight sometimes takes multiple attempts to find the way that works best for the individual and there isn't a single solution that works for everyone
- Understand that a healthier weight is primarily achieved and maintained through improving dietary intake, portion control and being more physically active

# Taking action: Making Every Contact Count

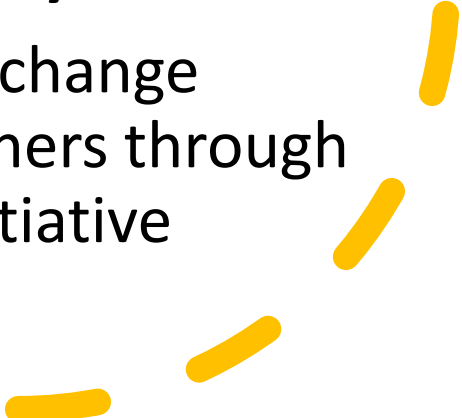
- Communicate the risks of being overweight and obese, and benefits of maintaining a healthier weight, whilst supporting the principles of behaviour change by encouraging individuals to set goals - health benefits can be achieved from modest amounts of weight loss
  - Familiarise yourself with healthy eating messages and understand where to access trusted advice for your patients -we recommend the [Eatwell Guide](#), [healthy eating information](#) on NHS Choices or campaigns like [One You](#) which offers online activities or [health apps](#) such as ACTIVE10 encouraging 10 minutes of brisk walking every day or 'Couch to 5k' which helps people take up running
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# Taking action: Making Every Contact Count

- Refer to the Chief Medical Officer's [physical activity guidelines](#)
- discuss weight, diet and activity with people at times when weight gain is more likely, such as during and after pregnancy, the menopause and while stopping smoking



## If you're a health leader or manager

- ensure the teams you manage are aware of weight management services and interventions in your local area as well as opportunities/services to help people get active
  - support local commissioners and providers to involve adults with overweight or obesity in commissioning and designing services
  - **provide feedback to local commissioners and providers where services are working well and where there are problems accessing support for adults with overweight or obesity**
  - support evidence-based behaviour change training for all community practitioners through the [Making Every Contact Count](#) initiative
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## **Let's Talk About Weight:** A step-by-step guide to brief interventions with adults for health and care professionals

[weight management toolkit Let s talk about weight.pdf](#)

- By brief interventions, we mean very short conversations of around 30 seconds.
- They should identify the patients at risk (**ASK**), explain how best to change behaviour (**ADVISE**) and refer to obtain help (**ASSIST**).



Public Health  
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Protecting and improving  
the nation's health

## LET'S TALK ABOUT WEIGHT

A step-by-step guide to brief interventions  
with adults for health and care professionals

### ASK



"Before you leave,  
could I check  
your weight today?"

Weigh and measure the patient

#### Calculate BMI

BMI = Weight in kg divided by height in metres squared [weight (kg) / height (m<sup>2</sup>)]

### ADVISE



"One of the best ways to lose weight  
is with support and [insert name of  
weight management service] is  
available today\*. I can refer  
you now if you are willing to  
give it a go?"

#### Consider referral options:

See supporting guidance for  
referral criteria

#### Considerations:

State that referral is available (\*and free if  
this applies in your area. Consider  
directing to commercial services if  
local provision is not available)

Keep conversations brief (30 seconds)

Confidence is key

## ASSIST

Patient receives advice **positively**

- Let the patient know what the next steps are
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient is **receptive** but **non-committal** about a referral e.g. wants to try to lose weight themselves

- Show acceptance of patient's wishes, acknowledge their concerns and recognise the difficulties of weight loss. Re-emphasise the importance of working to achieve a healthier weight, re-offer your support
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient **does not want to engage** in conversation about weight management

- Show acceptance of patient's wishes, re-offer your support should they change their mind
- Don't force the issue – leave the door open

## ACTIONS

**1**

Make the referral if patient accepts offer

**2**

Note in patient's records any conversations about weight and the outcomes

**3**

Remember to follow up with your patient

# Further reading, resources and good practice

## Advice for patients and the public

- The [NHS weight loss plan](#) is a free 12-week diet and exercise plan.
- NHS Choices provides [tips for healthy eating](#) and a [BMI Healthy weight calculator](#).
- The [Eatwell Guide](#) shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet.
- [OneYou](#) provides tools, support and encouragement across the breadth of lifestyle factors to help adults aged 40 to 60 years to help improve their health, every step of the way.
- [5 A Day](#) gives advice and recommendations about the benefits of eating 5 portions of fruits and vegetables a day.
- PHE and the BMJ have provided a free e-learning module on '[Motivational interviewing in brief consultations](#)'

# Further reading, resources and good practice

- A wide range of practical resources is available on the [Better Conversation, Better Health](#) website.
- PHE, Public Health Matters [It's good to talk: Making the most of our conversations](#)



Any questions?

Thanks for listening