

Obesity and Overweight in Hull: Summary



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Key points/headlines

- 27% of men and 28% of women in Hull are obese
- A total of 58,000 adults in Hull are obese, a further 81,000 are overweight
- In the 2010/11 school year 9% of girls and 11% of boys in reception year (aged 4-5 years) with 13% of girls and 15% of boys were overweight
- Among year 6 pupils (aged 10-11 years) in 2010/11 22% of girls and 24% of boys were obese, with a further 16% of girls and 14% of boys overweight
- Among secondary school pupils in 2012 two thirds of girls would like to lose weight, as would four in ten boys
- Adults living in the most deprived parts of Hull were the most likely to be obese, while those living in the least deprived parts of the city were the most likely to be overweight
- The prevalence of obesity in Hull has increased since 2003 by more than one third among men and by one fifth among women
- Obesity levels in Hull were higher than the national average, one sixth higher among men, one twelfth higher among women

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Introduction

This brief report on overweight and obesity in Hull uses data collected from health and lifestyle surveys in Hull of both adults and young people in secondary school. The full reports from each of the surveys may be found at www.hullpublichealth.org. Also included in this report is a summary of information that is available from the Hull JSNA at www.jsnaonline.org.

Overweight / obesity as risk factors for ill health

There is an increased risk of premature mortality and morbidity with obesity. According to the NHS¹, “*Obesity causes 9,000 premature deaths in England every year, and on average reduces life expectancy by a whopping nine years. It is also linked to serious health problems including type 2 diabetes, heart disease and cancers of the breast, colon and prostate. Obesity-related health problems cost the NHS around £1bn a year.*” Obesity also increases the risk of degenerative joint disease which impacts greatly on mobility and therefore morbidity.

Nationally the relatively high and increasing prevalence of obese and overweight children is very concerning as obesity is a strong risk factor in adulthood for many diseases and medical conditions, including heart disease and diabetes. This is why the government in 2004 set a national target to “*halt the increase in obesity among children under the age of 11 by 2010*”² (HM Treasury 2004); however the goalposts were moved 10 years further into the future, when in October 2007 the government announced a revised target which stated “*by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels*”³ (Cavendish 2008). Classifying children as obese is more an indicator of possible future problems for an individual, should their body mass index (BMI) continue to be greater than most of their peers. Not all overweight or obese five year olds will be overweight or obese when they are older children or adults; however the purpose of the epidemiological analysis below is to examine the situation and recent trends for Hull as a whole, rather than to assess the health of individuals.

¹ Why your weight matters. London, NHS Choices 2007. www.nhs.uk.

² Public Service Agreements 2005-2008. London, HM Treasury.
http://www.hm-treasury.gov.uk/spending_review/spend_sr04/psa/spend_sr04_psaindex.cfm.

³ Cavendish, W. Healthy Weight, Healthy Lives: a cross-Government Strategy for England. London, HM Government 2008. www.dh.gov.uk

Hospital admissions due to obesity

During the three financial years 2008/09 to 2010/11 there were 242 daycase and inpatient hospital admissions with a primary diagnosis of obesity, 52 admissions for men (13 admissions per 100,000 population⁴, 95% confidence interval 9 to 17) and 190 admissions for women (50 admissions per 100,000 population, 95% CI 44 to 58), as shown in **Table 1** for men and women combined (as the number of admissions for men is too small to be presented at area level). However, overall, there were 824 admissions over the three year period with a primary or secondary diagnosis of obesity. **Table 1** also gives the total number of daycase and inpatient hospital admissions over the three year period 2008/09 to 2010/11 and the average annual directly age standardised admission rate for admissions (DSR) where the primary diagnosis or secondary diagnosis was obesity per 100,000 resident population (standardised to the European Standard Population).

Variations in the use of services, and hence in admission rates, will depend on many different things, such as prevalence of obesity, likelihood of being admitted to hospital (for obesity and other medical conditions), willingness to visit GPs, referral rates within Primary Care, accessibility of Primary and Secondary Care services, etc. Admission rates with a secondary diagnosis of obesity will also be influenced by the characteristics of the population, in terms of prevalence of other disease, e.g. patients admitted with a primary diagnosis of coronary heart disease will be included if they also have a secondary diagnosis of obesity.

Table 1 Total three year admissions and annual average age-standardised obesity hospital admission rate in Hull, financial years 2008/09 to 2010/11

Area	Total three year admissions and annual average DSR per 100,000 Hull residents with a diagnosis of obesity, 2008/09 to 2010/11 (95% confidence intervals)					
	Primary or secondary diagnosis				Primary diagnosis only	
	Men		Women		Men and women combined	
	N	DSR	N	DSR	N	DSR
North Carr	49	125 (92, 165)	86	203 (162, 251)	37	45 (31, 62)
Northern	41	82 (59, 111)	76	160 (125, 201)	40	43 (30, 58)
North Hull	90	100 (80, 123)	162	177 (151, 207)	77	43 (34, 54)
East	32	54 (36, 76)	65	107 (82, 137)	32	30 (20, 42)
Park	32	48 (33, 68)	111	168 (138, 203)	47	36 (26, 48)
East Hull	77	52 (41, 65)	196	134 (116, 155)	91	32 (26, 40)
Riverside	51	64 (48, 85)	108	159 (130, 192)	45	29 (21, 39)
West	42	72 (52, 98)	70	122 (95, 155)	23	21 (13, 31)
Wyke	18	39 (23, 63)	43	93 (67, 126)	18	18 (10, 28)
West Hull	98	59 (48, 72)	201	131 (113, 150)	74	23 (18, 29)
HULL	265	65 (58, 74)	559	143 (131, 155)	242	31 (27, 35)

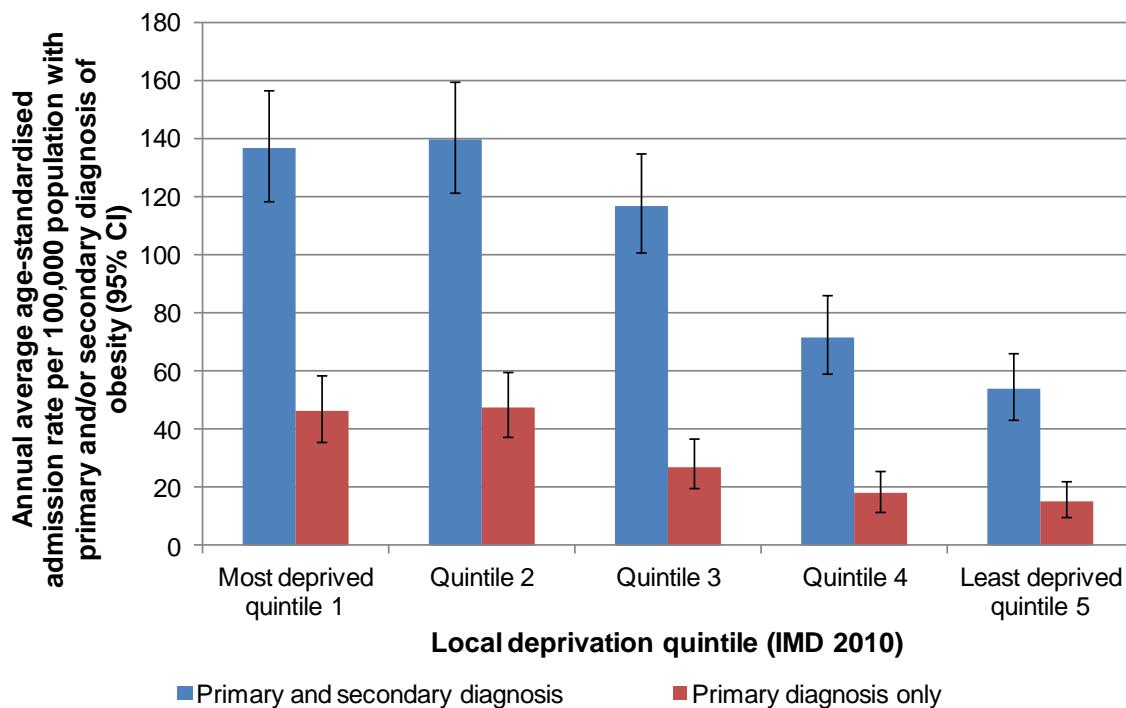
⁴ Standardised to the European Standard Population.

One of the factors that is likely to be associated with obesity related hospital admissions is deprivation. This is illustrated in **Figure 1** which shows the average annual directly age-standardised daycase and inpatient hospital admission rates which involve a primary diagnosis, and a primary or secondary diagnosis, of obesity by local deprivation quintile over the three financial years 2008/09 to 2010/11 (standardised to the European Standard Population). The 95% confidence intervals are shown. There is a statistically significant difference between the quintiles for daycase and inpatient hospital admissions for obesity.

There was a strong association between deprivation and admission rates involving a primary diagnosis of obesity, with significantly higher admission rates for residents living in the most deprived areas. However, it is difficult to ascertain if this pattern is reflecting 'need'. It could be that the difference between the most and least deprived quintiles should be greater than, or less than, the difference observed.

It is possible that referral and treatment differs among GP practices which could potentially affect admission rates when examined at deprivation level. A very small number of patients could have a relatively large number of admissions over the three year period, which could influence the admission rates. However, it is not known whether this is the case, and it is useful to examine total admissions over the three year period, as this reflects service use and 'need'.

Figure 1 Age-standardised obesity annual daycase and inpatient admission rate per 100,000 population for all ages by local deprivation quintile for Hull



National Child Measurement Programme 2010/11

Heights and weights of primary school children in Hull aged 4-5 years (Year R) and 10-11 years (Year 6) were recorded during the 2010/11 academic year as part of the Department of Health's National Child Measurement Programme (NCMP). A valid Body Mass Index (BMI) was calculated for 97% in Year R, and 96% in Year 6.

In 2010/11 the numbers of girls who were of a healthy weight increased slightly whilst numbers who were obese or overweight fell; this is in part due to a small rise in numbers in the Reception year cohort and also due to a small rise in the numbers who were underweight (**Table 2**). Proportionally, this is reflected with small rises in those who are of healthy weight and small decreases in those who are overweight or obese, amongst girls. For boys the numbers who were of a healthy weight increased slightly, along with a rise in the numbers who were overweight. This is due to both an increase in the cohort and a fall in the actual number who were obese. Proportionally, this is reflected with small rises in those who are of healthy weight or overweight amongst boys. The rise in the proportion obese appears to have been halted, with levels in 2010/11 very similar to rates observed prior to the peaks in 2004-2006. This is reflected in the increased proportions of those reported as of healthy weight, which has shown gradual improvement over the past 3 school years. Although there has been a rise in the proportion who are underweight, numbers are very small. For Reception Year boys there has been a positive trend in the proportions who are of healthy weight from a low of 70% reported in 2004-2005. The trend is reflected in a general small decline in those who are overweight or obese.

Table 2 Percentage of Year R pupils by BMI category Hull 2000/01 to 2010/11

		% Underweight	% Healthy Weight	% Overweight	% Obese
Girls	2000/01	2.22	79.78	9.42	8.59
	2001/02	2.36	78.07	10.71	8.86
	2002/03	1.43	76.12	12.69	9.76
	2003/04	1.41	77.16	12.62	8.80
	2004/05	1.17	73.96	12.52	12.35
	2005/06	0.24	74.62	13.74	11.40
	2006/07	0.34	75.34	14.75	9.58
	2007/08	0.69	74.43	14.09	10.80
	2008/09	0.60	75.15	14.63	9.63
	2009/10	0.35	75.33	14.49	9.83
	2010/11	1.01	76.68	13.14	9.16
Boys	2000/01	2.63	75.19	11.85	10.33
	2001/02	3.45	73.82	11.94	10.79
	2002/03	1.25	76.68	11.97	10.10
	2003/04	1.45	73.32	13.72	11.51
	2004/05	1.48	70.22	15.55	12.75
	2005/06	0.38	70.68	16.32	12.63
	2006/07	0.83	71.16	15.14	12.87
	2007/08	0.76	71.09	15.03	13.12
	2008/09	0.58	72.22	15.44	11.76
	2009/10	0.55	73.33	13.37	12.76
	2010/11	0.77	74.13	14.51	10.59

In Hull the first routine measurements for 10 and 11 year olds (Year 6) were made in the 2005/06 academic year.

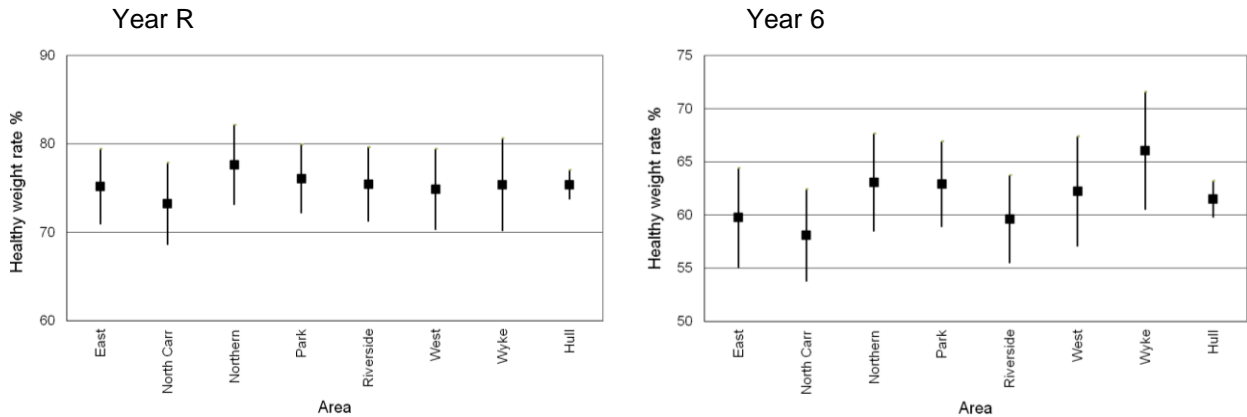
Levels of healthy weight in Year 6 children for 2010/11 have fallen slightly from the previous year (**Table 3**). This is reflected in the increased proportion of girls and boys who are overweight or obese since the previous year. The proportion of Year 6 girls who are of healthy weight has fluctuated within the range 61-65% over the past 6 years, to the lowest recorded rate this year. This is reflected mostly by variations in the proportions who are overweight, rather than the proportions who are either underweight or obese which have remained more constant at around 1% and 20% respectively. For boys, the recent small reductions in the levels of obesity have ceased, and this year has the second highest proportion since records were started in 2005-06. This is reflected in the drop in the proportion of those of a healthy weight.

Table 3 Percentage of Year 6 pupils by BMI category Hull 2005/06 to 2010/11

		% Underweight	% Healthy Weight	% Overweight	% Obese
Girls	2005/06	1.05	63.48	16.65	18.83
	2006/07	0.92	64.57	15.11	19.40
	2007/08	1.19	64.21	14.33	20.27
	2008/09	1.17	63.27	14.79	20.78
	2009/10	1.04	65.20	13.87	19.89
	2010/11	0.90	61.02	16.22	21.87
Boys	2005/06	0.92	63.03	15.74	20.32
	2006/07	1.24	65.51	13.07	20.18
	2007/08	1.07	58.73	15.89	24.31
	2008/09	0.66	63.00	14.11	22.23
	2009/10	1.28	63.40	13.74	21.58
	2010/11	0.31	61.84	14.02	23.83

Levels of healthy weight for Year R and Year 6 (males and females combined) in Hull's seven Area Committee Areas are shown in **Figure 2**. For every area healthy weight levels are higher in Year R by between 9 and 16 percentage points. However variations in Area level rates can occur by chance because of the relatively small numbers of children involved, and only very tentative conclusions can be drawn. This is shown by the 95% confidence intervals (the range within which we are 95% sure that the true or underlying rate lies). These intervals all overlap, showing that we cannot say any one rate is significantly higher or lower than any other rate, despite differences of up to 8 percentage points between the estimates of the area rates. Patterns were similar for both Year R and Year 6. Were boys and girls to be charted separately then the confidence intervals would be even longer because of the smaller sample sizes.

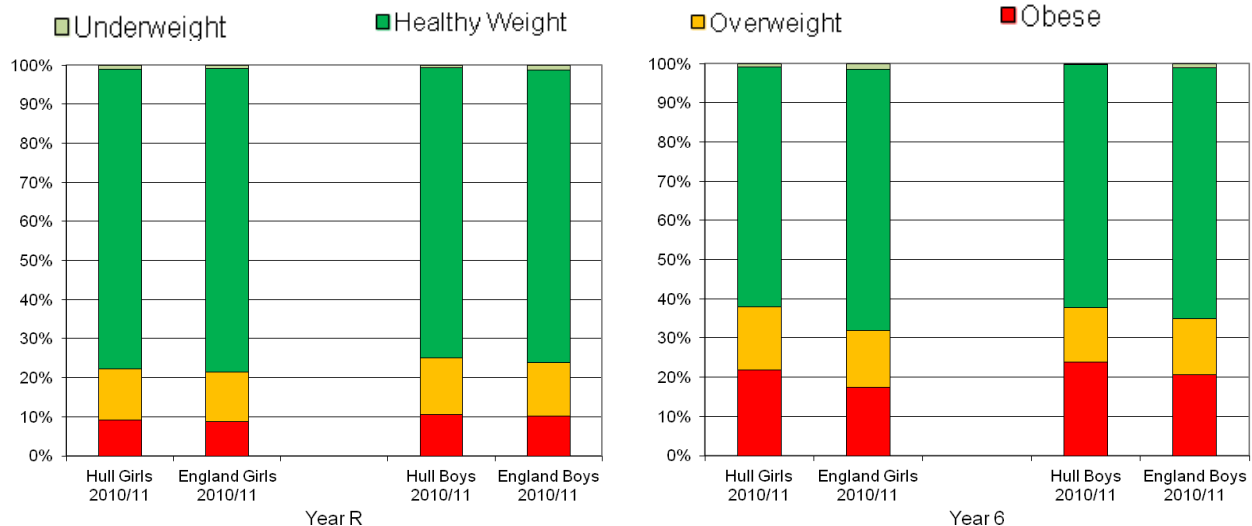
Figure 2 Prevalence of Healthy Weight in Year R and Year 6 by Hull Area Committee areas 2010/11, with 95% confidence intervals



The 2010/11 levels of healthy weight in Hull are slightly lower than the most recent national figures, also for 2010/11, as can be seen from **Figure 3**. The difference is greater in Year 6. In Year R this difference is mainly attributable to the slightly greater numbers who are overweight or obese; in Year 6 this is due to an increased number who are overweight or obese amongst girls, and obese only, amongst boys.

The 2010/11 England report included an analysis of the effect of deprivation on Obesity levels which showed that there was a clear trend for areas with a higher deprivation score to generally have higher levels of obesity for Year R and Year 6 children. When allowing for this Hull's rates of obesity for Year R and Year 6 pupils in 2010/11 were better than expected in relation to England's figures.

Figure 3 BMI categories of Year R and Year 6 pupils, Hull 2010/11 and England 2010/11

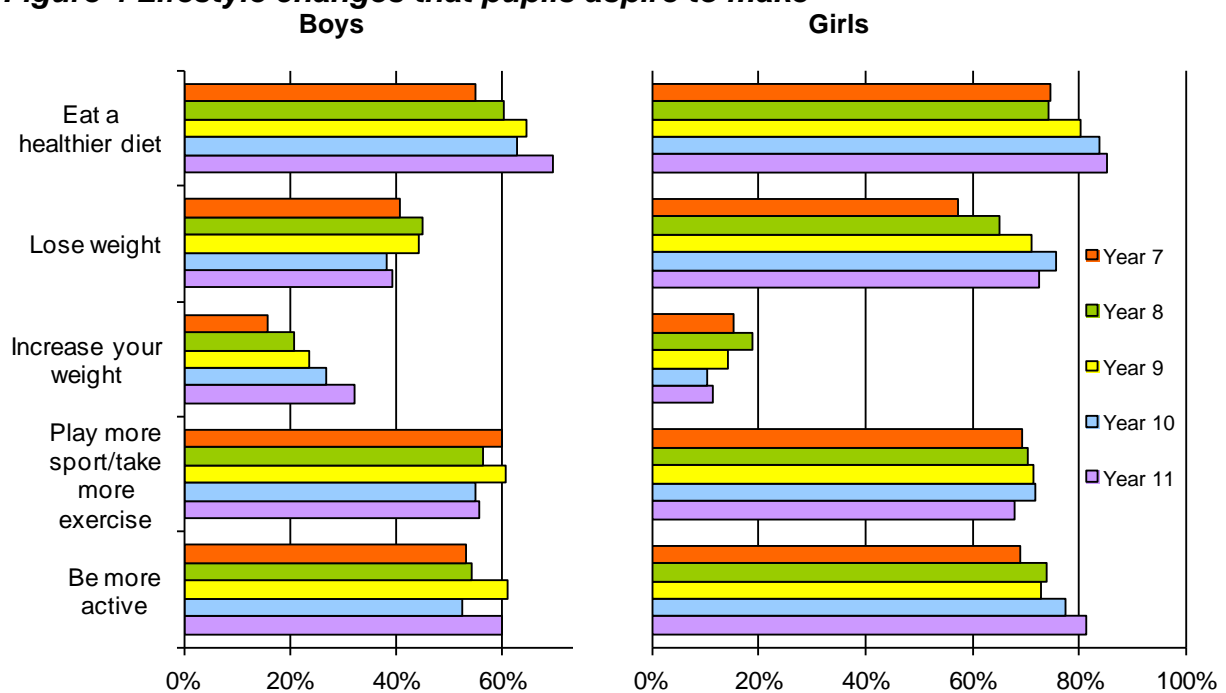


Health and lifestyle survey of young people 2012

Pupils in this survey were not asked about their height and weight, so it was not possible to assess the prevalence of overweight or obese children of secondary school age. However, pupils were asked about potential lifestyle changes they might aspire to make, around exercise and physical activity, diet and changing weight.

Most pupils reported that they would like to make positive changes to their lifestyles (**Figure 4**). More than two thirds of girls from each school year wanted to eat a healthier diet (85% of all girls, age-adjusted), play more sport/take more exercise (68% of all girls, age-adjusted) and generally be more active (81% of all girls, age-adjusted). More than two thirds of girls in years 8-11 wanted to lose weight (73% or all girls, age-adjusted). Among boys more than half in each school year wanted to eat a healthier diet (69% of all boys, age-adjusted), play more sport/take more exercise (56% of all boys, age-adjusted) or be more active (60% of all boys, age-adjusted). Around 40% of boys in each school year wanted to lose weight.

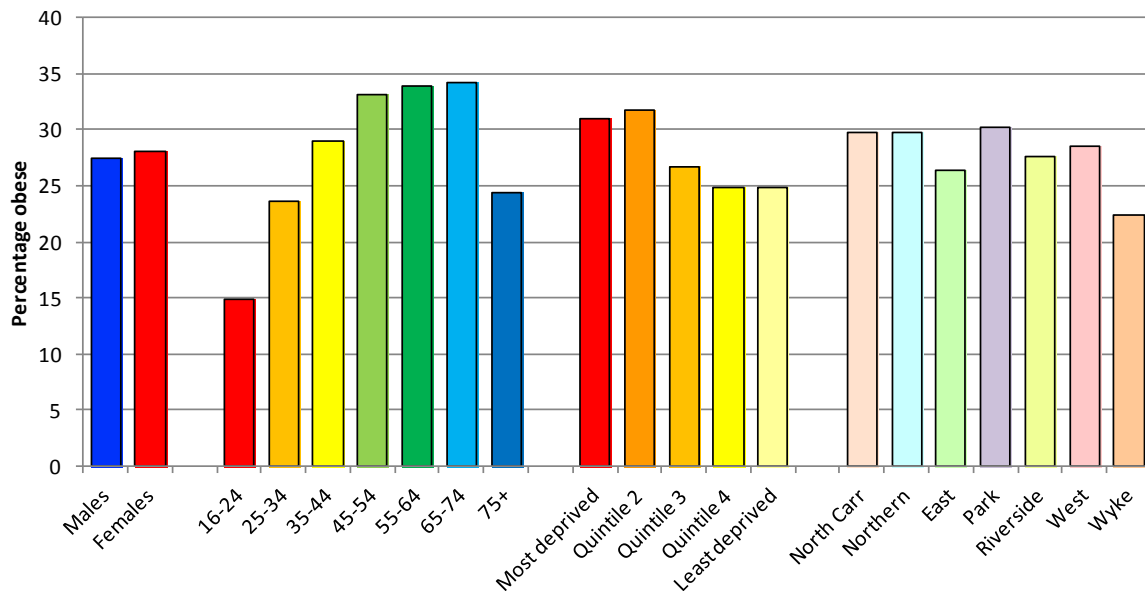
Figure 4 Lifestyle changes that pupils aspire to make



Obesity and overweight among adults in Hull 2011-12

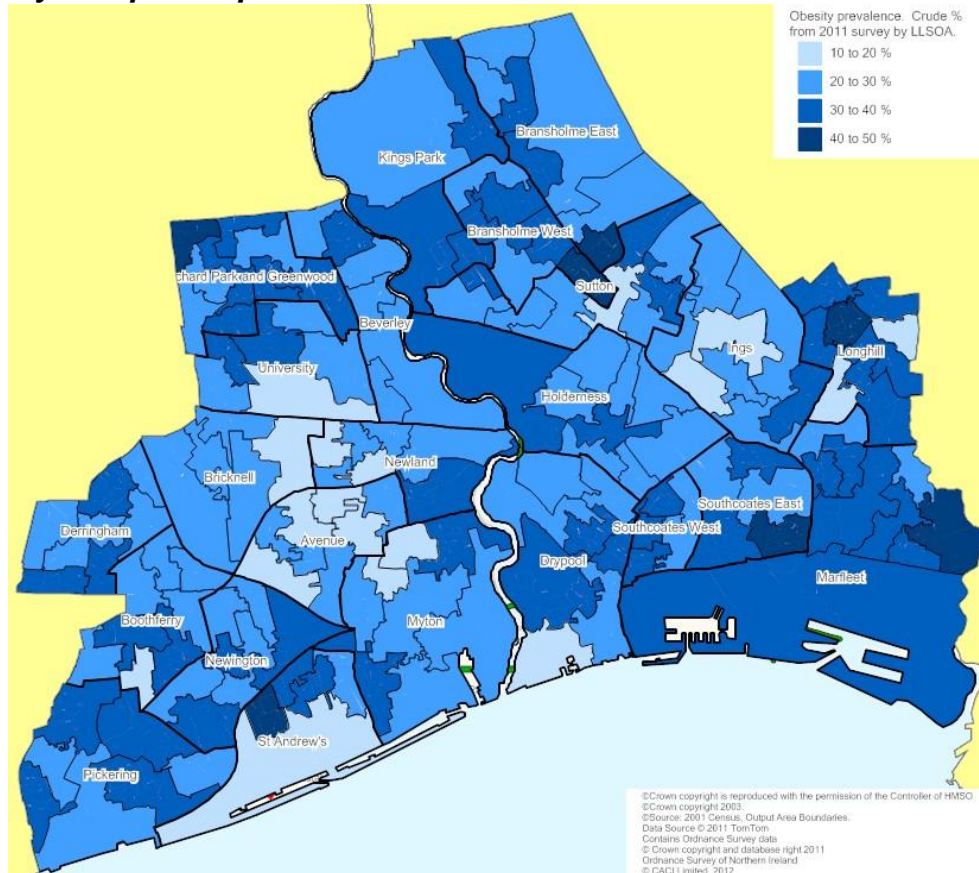
Just over one quarter of adults in Hull were obese, 27% of men and 28% of women (**Figure 5**). Young respondents aged 16-24 years were the least likely to be obese (15%), with percentages increasing with age to peak at around one third among middle aged respondents aged 45-74 years, before dropping to below one quarter among oldest respondents aged 75 years and older. People living in the two most deprived fifths of areas of Hull were the most likely to be obese (around one third) while those living in the two least deprived fifth of areas of the city were the least likely to be obese (one quarter). Obesity prevalence was highest in the north of the City (around 30% of respondents living in North Carr and Northern were obese) as well as in Park and West Area Committee Areas. The lowest prevalence of obesity was found in Wyke.

Figure 5 Prevalence of obesity among adults aged 16+ years by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



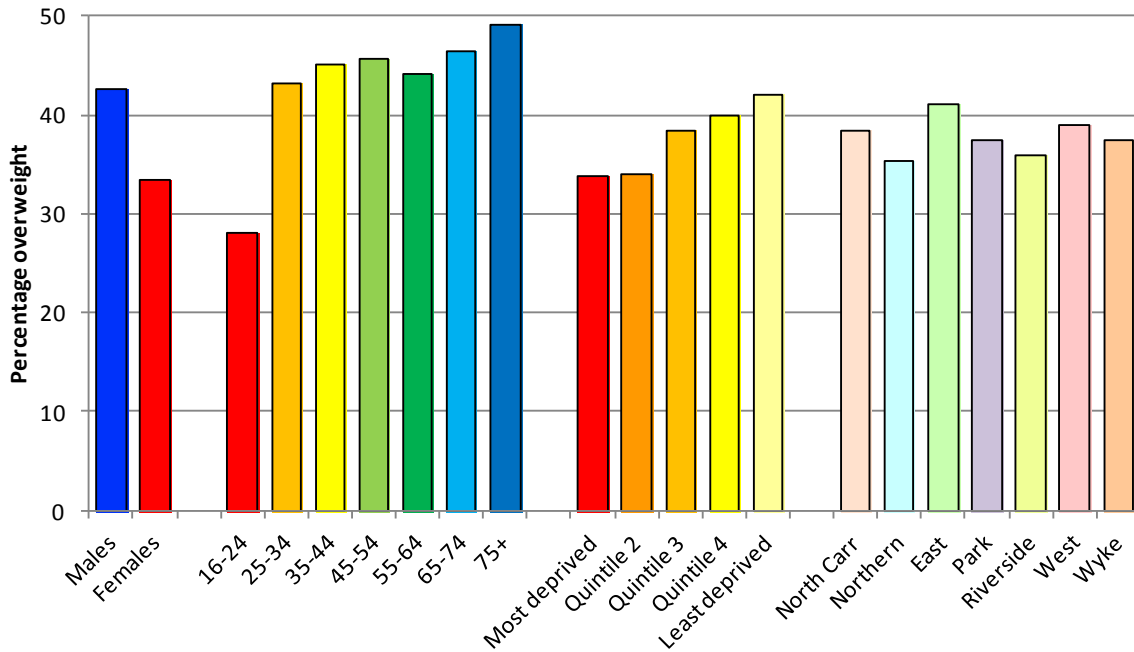
Looking at the prevalence of obesity at smaller geographical areas, it can be seen that there were pockets in several parts of Hull where the prevalence of obesity reached almost 50%, although many more small areas where the prevalence remained below 20% (**Figure 6**).

Figure 6 Prevalence of obesity among adults aged 16+ years in Hull by lower layer super output areas



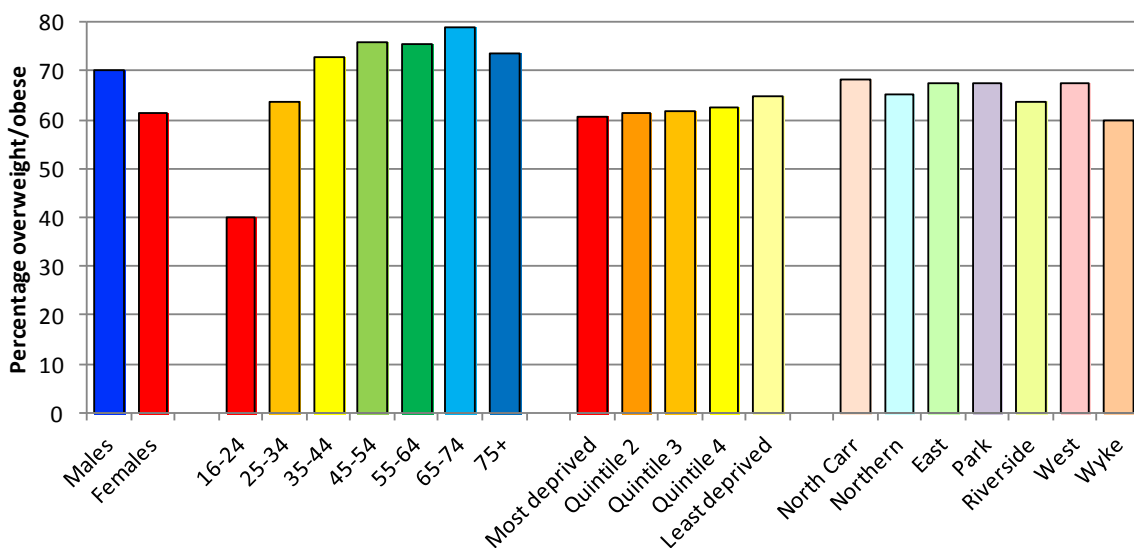
Many more people in Hull were overweight, 43% of men and one third of women (**Figure 7**). Again, the youngest respondents, aged 16-24 years, were the least likely to be overweight (28%). The prevalence of overweight adults then increased with age, peaking at almost half of respondents aged 75 years and older, although the differences between all those aged 25 years and over were not large. Despite being more likely to be obese, those living in the two most deprived fifths of areas of Hull were the least likely to be overweight (34%), with prevalence increasing as deprivation decreased, to 42% of those living in the least deprived fifth of areas of the city (one quarter higher than those on the most deprived areas of the city). There was less variation between Area Committee Areas, with the highest prevalence found in East (41%) and the lowest in Northern (35%).

Figure 7 Prevalence of overweight adults aged 16+ years by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



Combining the percentages obese with the percentages overweight, 70% of men and 60% of women in Hull were either overweight or obese (**Figure 8**). The prevalence of overweight or obesity reached almost 80% amongst respondents aged 65-74 years, double the 40% seen amongst young respondents aged 16-24 years. When overweight and obesity were combined there were few differences by deprivation quintile, although percentages were slightly lower amongst respondents living in the most deprived fifth of areas of Hull and slightly higher amongst those living the least deprived fifth of areas of the city. Slightly more than two thirds of respondents living in North Carr, Park, West and East were overweight or obese, but differences between Area Committee Areas were not large.

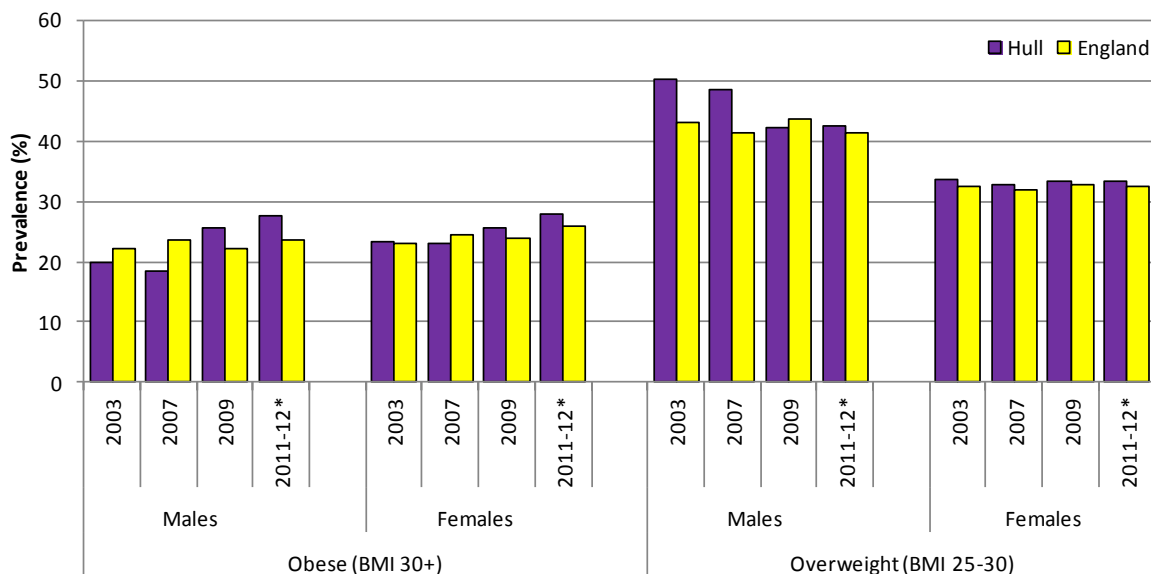
Figure 8 Percentages of adults aged 16+ years that are obese or overweight by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



The prevalence of obesity among men in Hull has increased in recent years, from 18% in 2007 to 26% in 2011-12; a rise of 7% since 2009, which itself was 40% higher than in 2007 (**Figure 9**). Compared with England, obesity among men in Hull was lower than for England in both 2003 (by 11%) and in 2007 (by 22%), but in 2009 and 2011-12 was 16% and 17% respectively higher than for England. Among women, there were smaller increases in obesity since 2007, with increases of around one tenth seen for each of the 2009 and 2011-12 surveys, an overall increase since 2007 of 21%. Differences between Hull and England were smaller among women than among men, but in 2009 and in 2011-12 the percentages obese were 8% higher than for England, having been similar in 2003 and 5% lower in 2007.

The prevalence of overweight men decreased substantially in Hull in 2009, remaining unchanged in 2011-12 at 43%, a decrease of one eighth since 2003. This decrease in Hull was much greater than for England, so that while the percentage of men in Hull overweight remains higher than for England, the difference reduced from 16-17% in 2003 and 2007 to 3% in 2011-12. Amongst women, the percentage overweight has changed little since 2003 in both Hull and England, with 2-3% more women overweight in Hull than in England.

Figure 9 Trends in the prevalence of obesity and overweight in Hull with comparisons to England



*2011 for England

There may be differences in the perceptions of the health impact of achieving and maintaining a healthy weight by the weight of respondents. To this end **Table 4** shows the perceptions of the health impact of achieving and maintaining a healthy weight by whether the respondents were overweight or obese. Perhaps surprisingly, respondents that were not overweight or obese were slightly less likely to expect achieving and maintaining a healthy weight would have a very big impact on health, and were the most likely to expect there to be only a small or no health impact (18.4% of men and 11.2% of women). While there was little difference between men

who were obese or overweight, among women the obese were more likely to anticipate a very big impact on health from achieving and maintaining a healthy weight than overweight women.

Table 4 Perceptions of the health impact of achieving and maintaining a healthy weight by BMI category of respondents

Gender	BMI category	Perceived health impact of achieving and maintaining a healthy weight (%)				
		Very big	Fairly big	Fairly small	Very small	None
Men	Not overweight or obese (BMI<25)	41.4	40.2	12.4	2.7	3.3
	Overweight (BMI 25-<30)	43.9	43.1	9.6	2.0	1.5
	Obese (BMI 30+)	44.5	41.6	10.5	2.1	1.2
Women	Not overweight or obese (BMI<25)	49.9	38.9	7.0	1.8	2.4
	Overweight (BMI 25-<30)	51.5	40.4	5.8	1.6	0.8
	Obese (BMI 30+)	55.6	35.7	6.3	1.4	1.0

Estimated numbers overweight or obese in Hull

The estimated numbers of adults in Hull that are overweight or obese are shown in **Table 5**. Age-specific prevalence of overweight or obese adults was applied to the Hull population aged 16+ years as at 1st October 2011 (215,467 people). It was estimated that, at just over 139,000, two thirds of adults in Hull were overweight or obese, 75,000 men and 64,000 women. While the numbers of obese men were similar to the numbers of obese women, there were 30% more overweight men than women.

Table 5 Estimated numbers of Hull residents aged 16+ years that are overweight (BMI 25-30) or obese (BMI 30+)

Area Committee Area	Indicator	Estimated number of Hull residents aged 16+ years (1 st October 2011) overweight (BMI 25-30) or obese (BMI 30+)		
		Men	Women	All
North Carr	Overweight	4,869	3,915	8,784
	Obese	3,095	3,432	6,527
	Overweight or obese	7,963	7,348	15,311
Northern	Overweight	5,340	4,283	9,623
	Obese	3,647	4,247	7,894
	Overweight or obese	8,987	8,530	17,517
East	Overweight	7,074	5,667	12,740
	Obese	4,227	3,904	8,131
	Overweight or obese	11,300	9,571	20,871
Park	Overweight	7,181	5,842	13,023
	Obese	5,112	5,225	10,337
	Overweight or obese	12,293	11,067	23,360
Riverside	Overweight	8,902	5,793	14,695
	Obese	5,693	5,181	10,874
	Overweight or obese	14,595	10,974	25,569
West	Overweight	6,317	5,274	11,591
	Obese	4,242	4,083	8,325
	Overweight or obese	10,559	9,357	19,916
Wyke	Overweight	6,165	4,297	10,462
	Obese	3,184	2,971	6,155
	Overweight or obese	9,349	7,267	16,616
Hull	Overweight	45,883	35,132	81,015
	Obese	29,158	28,996	58,153
	Overweight or obese	75,040	64,128	139,168

Obesity strategy

The strategy must emphasise that services are insufficient on their own to ensure a reduction in obesity rates. An assets based approach should be utilised to complement existing service provision and inform future development. Some of the most powerful influences on behaviour change are family and neighbours, people seen as part of the local community. Using Health Trainers and Health Champions recruited from within the communities themselves can help to support people who want to make changes to their lives to improve levels of exercise and improve their diet. Through becoming more empowered as individuals these people then become more engaged in their community and build better social networks. People can help each other and act together to make healthy choices easier for the whole community.

The main objectives for Hull's obesity strategy were to:

- bring together local key partners to oversee the development and implementation of obesity-related initiatives
- develop a Hull Weight Management Service including a range of different services to help all sectors of the community in Hull (adults as well as children and young people) to successfully lose or manage their weight
- raise awareness of obesity and overweight issues and develop promotion and marketing strategies to increase access to weight management services
- help local health practitioners to identify, support and refer overweight and obese patients to appropriate services
- develop and implement a range of approaches to prevent overweight and obesity

Different levels of overweight and obesity are also being mapped to services. Level 1 refers to basic intervention at the population level involving opportunistic advice on general healthy eating and physical activity advice sign-posting services; the Health Trainers signpost appropriate people to relevant weight management services. Level 2 refers to weight management services for clients with a BMI 25 to 39.9 without co-morbidities, and referral to services such as Why Weight?, Fit Fans, etc. Level 3 refers to weight management services for clients with a BMI 30 to 34.9 with co-morbidities involving a multi-disciplinary approach, such as involving the dietetic service. Level 4 refers to specialist weight management services for clients with a BMI 35 or more with significant co-morbidities or a BMI 40 or more and referral to services such as WeightLess.

To reduce the prevalence of obesity, people need good quality education and advice about diet, weight loss and exercise. To help general practice staff provide consistent advice, leaflets are available for patients so that they receive a consistent message on how to manage their weight.

Weight loss programmes

A single access telephone number was set up in Hull for weight loss programmes in Hull in 2008, and there was also a drop-in centre for the service in the city centre. However, following the opening of the Health Central, also in the city centre, weight management services as well as other healthy lifestyle services are currently based at the healthy lifestyle centres at Health Central, Health West (KC Stadium) and at Health East (Craven Park) it was agreed to cease the single point of access telephone number. Weight management sessions are available at these centres and many additional community venues throughout Hull.

Currently, services available include:

- **Why Weight?** This service is open to anyone aged 18 plus and focuses on healthier eating and cookery skills. The 10-week programme targets a 5% to 10% weight loss with taster sessions for physical activity. Described as fun, friendly and free – people can expect to benefit from increased confidence, improved mobility, and an improved diet.
- **Fit Fans.** This service is ideal for sports fans and works in partnership with Hull City AFC, Hull Kingston Rovers and Hull FC and is open to men aged 40 plus. The free 12-week programme includes one-to-one consultations with specifically tailored targets and advice. There's a sports and physical activity theme throughout with nutritional advice included. Once completed, follow-up support is available to help achieve long-term health benefits.
- **Fit Fans for Her.** This service focuses on overweight/obese women aged 40 plus. The fitness and weight loss programme offers the same dietary and activity information a professional sports player receives in order to achieve and maintain a healthy weight. The 12 week programme targets a minimum 5% weight loss for those taking part.
- **Active Lifestyles Service.** This service is available to anyone over 18 who currently lead a sedentary lifestyle. Free consultations are available with an Active Lifestyles Advisor at a range of venues citywide. The advisors help make small changes to lifestyle to get more active. This could involve a bit more activity every day, doing more walking, dancing or even attending a local gym or activity class. Consultations are followed up by a phone call to monitor progress.
- **Nutrition and Dietetics Service.** Dieticians provide tailor-made advice to people who want to lose weight but also have other physical health problems. They provide one-to-one sessions for adults and groups, and classes for children and families. Dieticians can advice on the full range of treatments available.
- **BME Weight Management Service.** This service provides free advice on healthy living and weight management for people from Black and Minority

Ethnic (BME) groups. It offers home visits and group sessions as appropriate to individual needs. It is for anyone in Hull belonging to a black or minority ethnic group.

- **WeightLess.** This is a bespoke intensive weight loss programme for morbidly obese adult patients who have requested bariatric surgery as an aid to weight loss. It offers both one-to-one and group sessions as needed. A full and detailed assessment is initially carried out to assess the patient needs and to help produce individual detailed weight loss plans for clients taking part. The 24 week programme targets a minimum 5% weight loss and for patients to be removed from the bariatric surgery waiting list.
- **Alive and Kicking** is a free 12-week weight management programme designed for 5-16 year olds which encourages the whole family to enjoy a happier, healthier lifestyle. Held after school to enable parents to attend with their children, Alive 'N' Kicking combines discussion groups for the whole family with fun physical activity sessions for the children.
- **National Children Measurement Programme.** As part of the National Children Measurement Programme school nurse teams proactively follow-up all children who are not a healthy weight and offer a range of support and advice, as well as signposting to other services.
- **Workplace Weight Measurement Service.** The Healthy Weight in the Workplace scheme provides companies with a professional weight management service which is tailored to suit the needs of their business and employees.

Further Information

For further information on this survey and other surveys, and more information about Hull and health inequalities, as well as other publications and documents produced by the Public Health Sciences team, formerly part of NHS Hull, please visit our website: <http://www.hullpublichealth.org>

Public Health Sciences

The Public Health Sciences team are now located in the old nursery at Brunswick House, Strand Close, Beverley Road, Hull.

What we can do for you:

Epidemiologists

- Help understand the health and wellbeing needs of Hull's population in terms of the following:
 - Population
 - Age / gender
 - Deprivation (IMD)
 - Ethnicity
 - General physical and mental health status of population
 - Prevalence of risk factors (smoking, alcohol, obesity, diet, exercise, etc)
 - Prevalence of diseases
 - Hospital admission rates
 - Mortality and life expectancy
- Questionnaire design and survey design and advice
- Evaluation of services/interventions
- Health needs assessments
- Explanation of and help in using statistical terms like confidence intervals, standardisation, etc
- Explanation of data including data presented in tables or plots/charts, etc
- Predictive modelling / predicting future trends or needs or towards targets
- Mapping, analyses and presentation of a wide range of segmentation tools (including ACORN, Healthy Foundations and IMD), social marketing and behavioural insight, inequality, etc to assist psychographic and socio-economic differentiation
- Provide a critical friend to all those collecting and using health-related data and information

Clinical Policy Support

- What NICE guidance is published or in progress
- Critical appraisals and evidence overviews – evidence of cost/clinical effectiveness of drugs and treatments

www.hullpublichealth.org

www.jsnaonline.org