

Social Care and Obesity

A discussion paper



Introduction

The number of obese people in England has been rising steadily for the best part of 20 years.

Today one in four adults are obese, according to the Health Survey for England, compared to 15 per cent in 1993. Obesity is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050 [1], with wider costs to society estimated to reach £49.9 billion per year. These factors combine to make the prevention of obesity a major public health challenge.

The government commissioned Foresight Report published in 2007, looked into the reasons for this phenomenon, concluding that there was a complex web of factors at play. This included the obvious reasons, such as unhealthy diets and low levels of physical activity, as well as more subtle causes, including societal influences, individual psychology and the environment around us.

Such is the pressure on adult social care and the NHS, we cannot keep pace with demand by just making services more efficient. We need to redesign our support to make sure that all parts of the system are working towards the same shared outcomes for health and wellbeing.

Did you know?

- Adults are classed as obese if their body mass index (BMI) is 30kg/m² or over. BMI is a person's weight (kg) divided by the square of their height (m).
- England is one of the most obese countries in the world with one in four adults obese. Another one in three is classed as overweight.
- The numbers of obese adults is predicted to more than double over the next 40 years.
- Obesity is linked to a host of health risks, including diabetes, heart disease, stroke, some cancers, mental health problems and musculoskeletal problems.
- Sometimes that increase in risk is incredibly stark. For example an obese woman is 13 times more likely to develop type 2 diabetes than a healthy weight woman.
- One third of obese adults in England have a limiting long term illness compared to a quarter of adults in the general population.
- Treating the effects of obesity is estimated to cost the NHS £5billion a year.
- The wider cost to the economy is estimated at closer to £20billion a year once factors such as lost productivity and sick days are taken into account.

This discussion paper considers the impact that obesity has on social care and the challenges facing social care now and in the future.

For understandable reasons a considerable amount of energy to date has focused on the impact of obesity on the NHS but there is an urgent need to explore the pressures obesity places on social care.

Obesity and social care

There is an important link between obesity and social care. Obesity is a contributory factor to the development of long term conditions such as diabetes and cardiovascular disease. In addition, severe obesity can result in physical and social difficulties which impact on social care. Increasing obesity prevalence along with the growing needs of an ageing population, the rise in non-communicable diseases associated with obesity, and rising public expectations for service intervention and treatment [2] present significant challenges and cost implications to both the health and social care systems.

The Health and Social Care Bill (2011) defines adult social care as “all forms of personal care and other practical assistance for individuals who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or assistance”. [3] The groups most likely to require social care services are older people, carers, and people with learning disabilities, physical disabilities, or mental health problems. NHS Choices provides the following examples of care and support services:

- healthcare
- equipment
- help in the home or care home
- community support and activities
- day centres
- help for people with disabilities
- financial support
- information and advisory services, and advocacy
- support for carers [4].

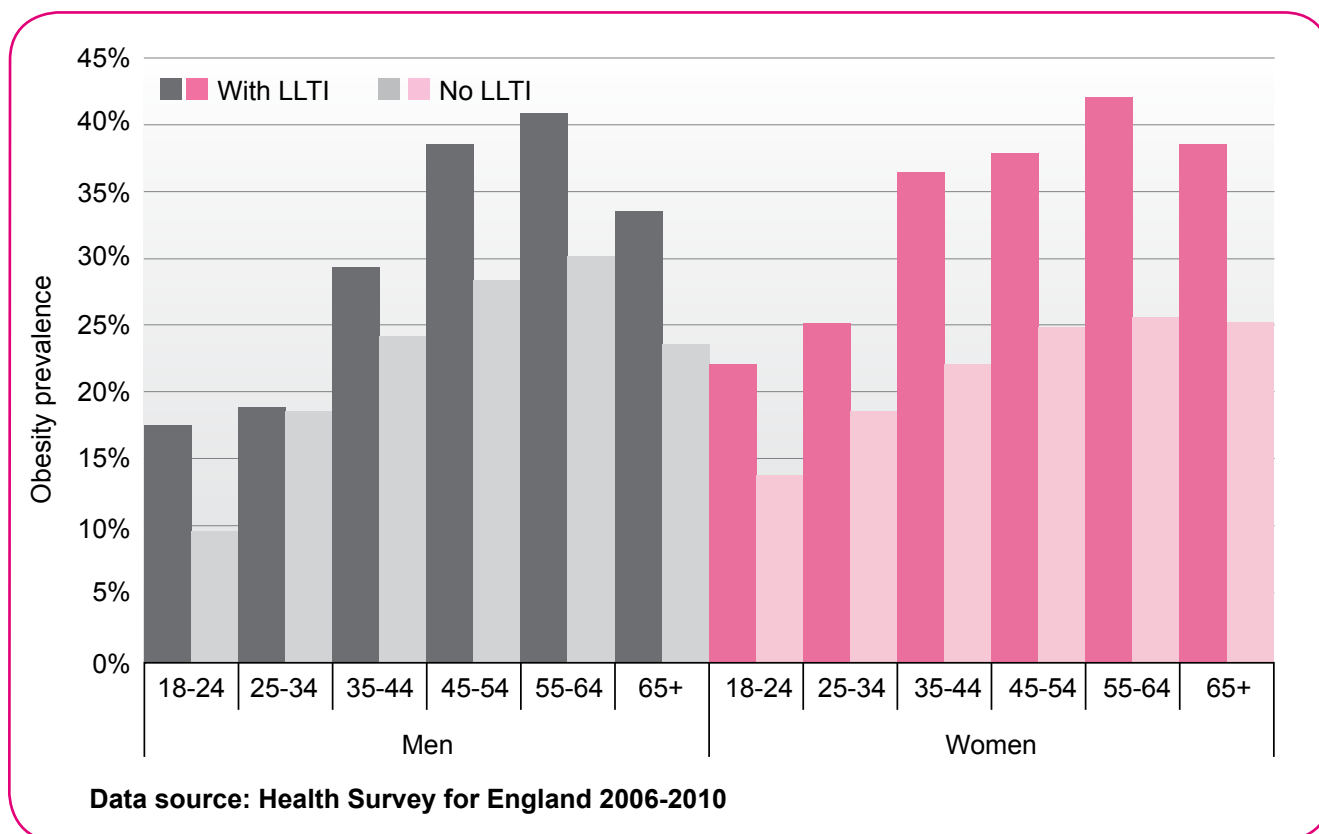
Currently in England, publicly funded social care services provide support to over 1 million adults [5], costing around £17 billion each year, with over half (52 per cent) of the expenditure on people aged 65 and over. [6].

Obesity and long term conditions

Obesity is associated with a number of long term conditions that place a significant burden on the social care system. [2] These include mental health problems, [6] liver disease, [8] type 2 diabetes, cardiovascular disease, muscular skeletal disease, some cancers, and respiratory disease. [9] While life expectancy has improved over time, the length of time people spend in ill health towards the end of life has increased. [2] In England more than 15 million people have a long term condition and the care of people with long term conditions accounts for 70 per cent of total health and social care spend. [10]

Obesity prevalence in people with limiting long term illness (LLTI) is constantly higher than for people with no LLTI across all age and sex groups (figure 1 overleaf).

Figure 1: Prevalence of obesity among adults aged 18 years and over with and without a Limiting Long Term Illness (LLTI) by age and sex



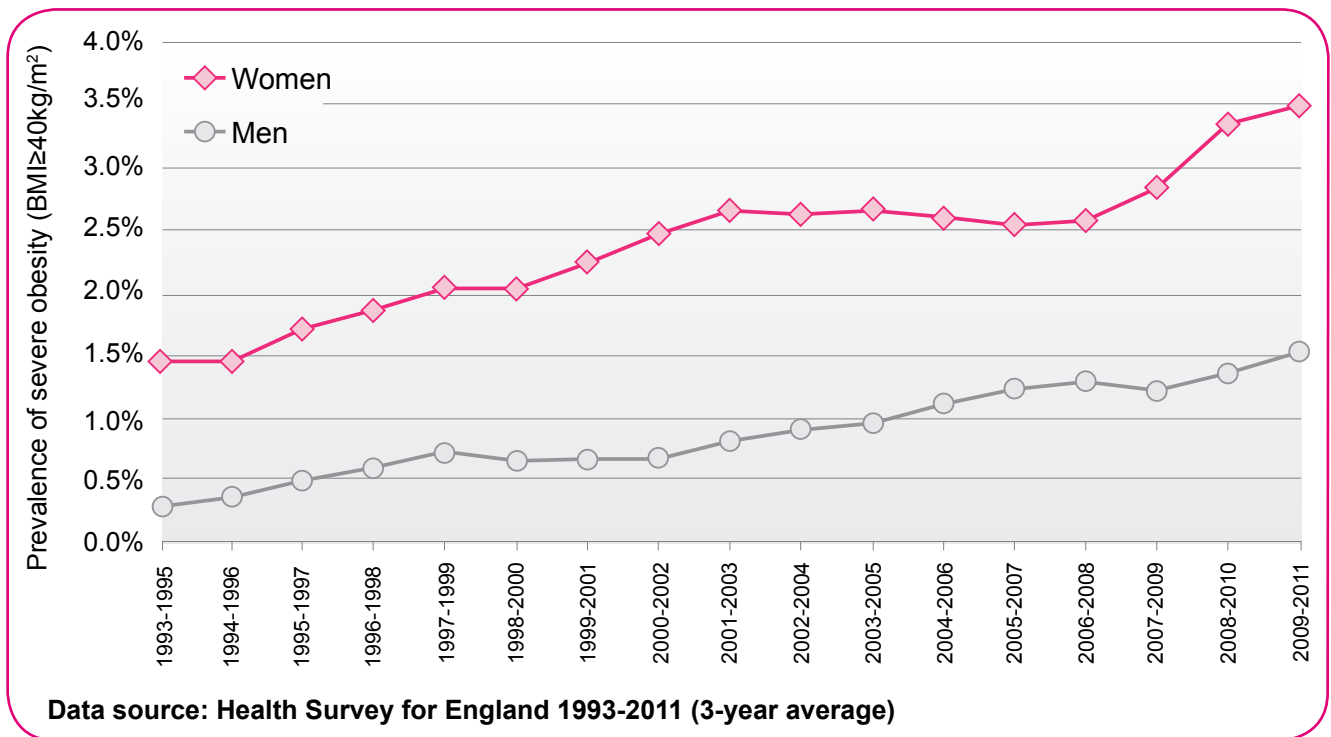
Individuals with severe obesity

Adults with severe obesity may have physical difficulties which inhibit activities of daily living. This can have resource implications for social care services including:

- housing adaptations such as specialist mattresses, doors, toilet frames, hoists and stair lifts
- specialist carers (trained in manual handling of severely obese people) for people who are house bound and have difficulties caring for themselves
- provision of appropriate transport and facilities (such as bariatric patient transport and specialist leisure services).



Figure 2: Prevalence of severe obesity (BMI ≥ 40 kg/m²) among adults aged 16 years and over



Obesity, social care and inequalities

Obesity prevalence varies by socioeconomic and ethnic group (figures 3 and 4). Rising obesity rates can result in increased ill-health among disadvantaged communities and among particular black and minority ethnic groups. [11] This can lead to widening inequalities in health and social care. Obesity may also result in adverse social impacts such as discrimination, social exclusion and reduced earnings. [12,13]

Inequalities may also exist in terms of social care need. Among adults aged 65 and over, support with activities of daily living is more likely to be required by those on low incomes and those living in deprived areas. [5]

Middlesbrough - Social housing and obesity

Fabrik Housing Group is a provider of social housing in the Middlesbrough Area. The housing group operates a 'Disabled Persons Housing Service'.

There has been a noticeable increase in the number of clients using this service. Residents request assistance due to obesity and associated medical problems which are limiting their access and safe use of home facilities including stairs, safe access to bathing and hygiene facilities. Where the adaptations required are feasible these are undertaken; where they are not (for example if there is very limited space) other options are explored such as the potential for re-housing.

Figure 3: Prevalence of obesity among adults aged 16 years and over by equivalised household income quintile (with 95% confidence limits)

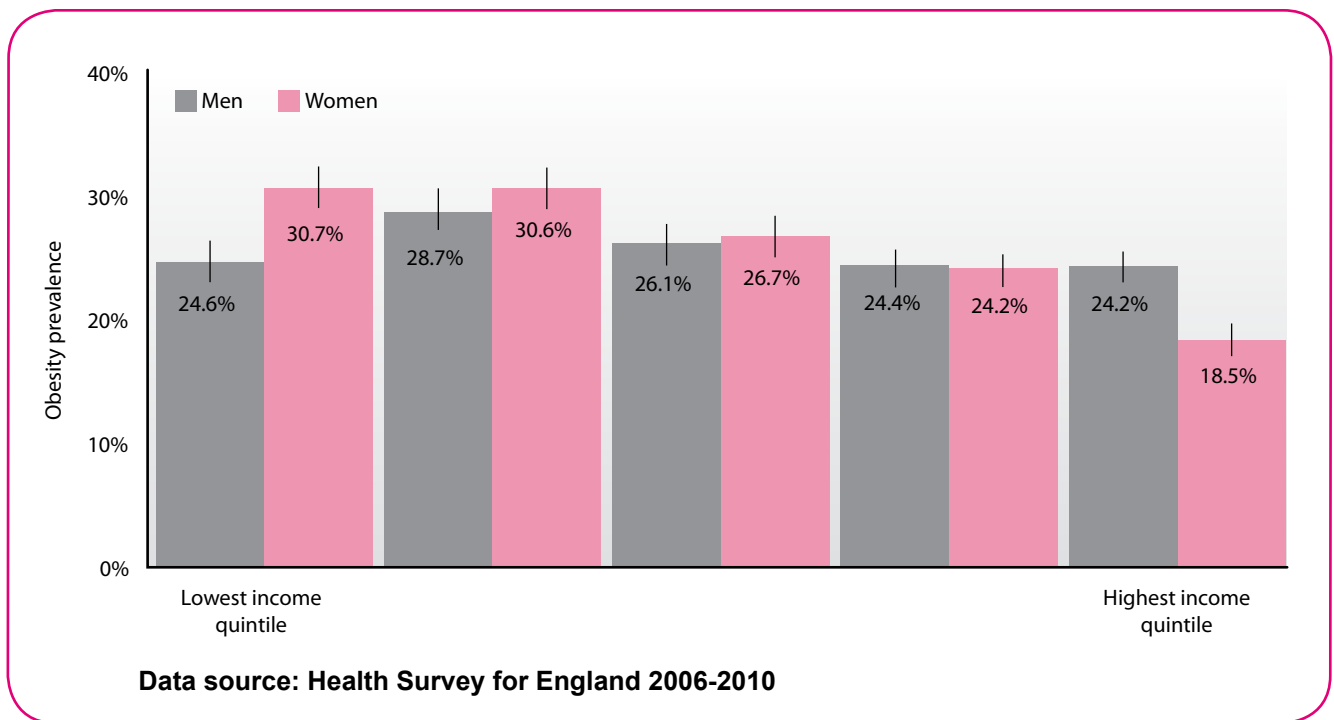
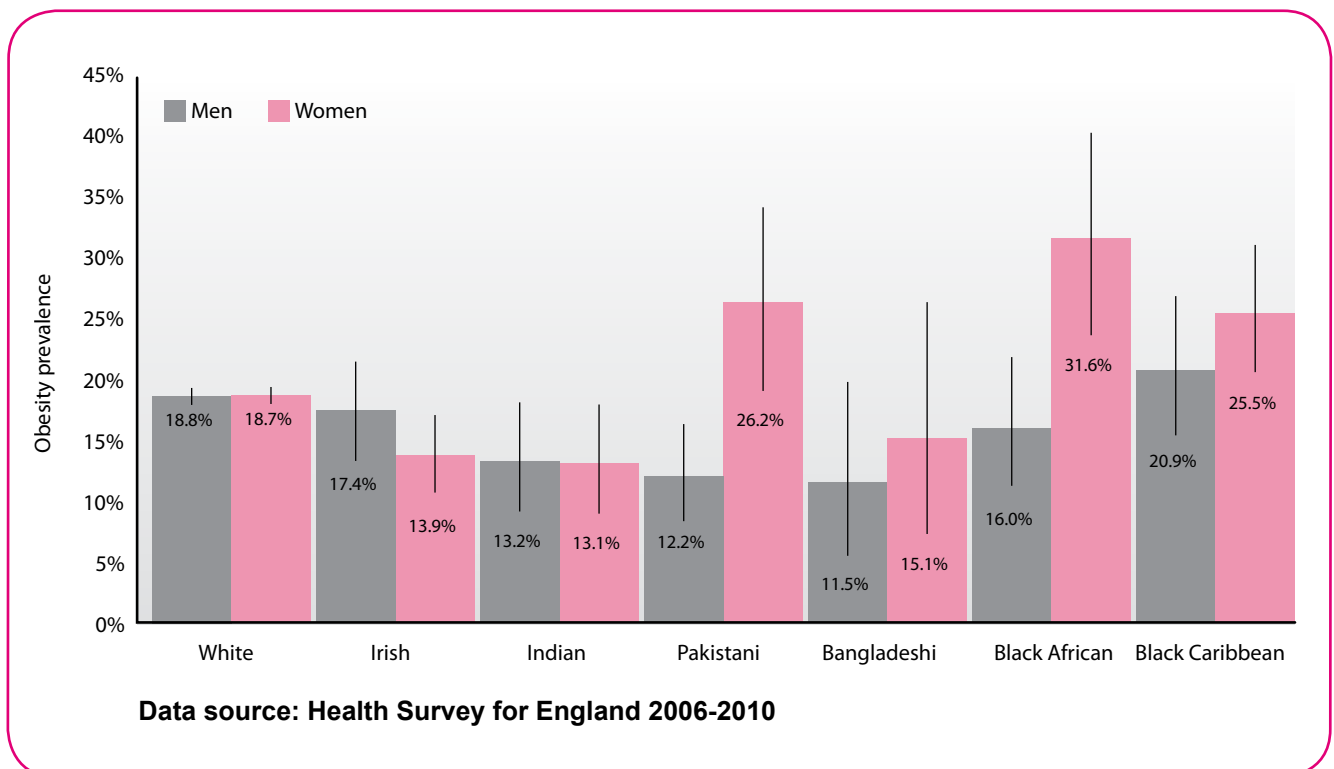


Figure 4: Age standardised prevalence of obesity among adults aged 16 years and over by ethnic group (with 95% confidence limits)



Service implications

As levels of obesity increase in the population, linked long term conditions such as diabetes and their associated costs also increase. Diabetes UK have estimated that the total cost of caring for people with diabetes in adult social care settings in England is £830 million per year. Obese individuals are around nine times more likely to develop type 2 diabetes than the non-obese population [14] and around 85 per cent of diabetics are either obese or overweight (based on analysis of HSE 2011 data). It is therefore likely that a substantial proportion of these social care costs are associated with excess weight.

Effectively preventing and treating obesity has the potential to significantly improve quality of life and wellbeing, in addition to reducing these costs.

It is important that obesity services and strategies address both prevention and treatment in order to reduce this burden on individuals and society. They need to be sensitive to the inequalities in obesity prevalence and social care requirements.

Work to tackle obesity needs to follow NICE guidance [15] and take a multi-agency approach tailored to population need. Activity to reduce the prevalence and severity of obesity should help meet the aims outlined in several domains of both the adult social care [16] and public health [17] outcomes frameworks:

- enhance quality of life for people with care and support needs
- delay and reduce the need for care and support and

- improve social connectedness, employment, sickness absence, mortality, diabetes, CVD, well being and life expectancy. [2,6]

National survey data provides an important indication of the relationship between obesity and long term conditions, but there is a lack of robust local level data. This situation could be improved by appropriate data collection, sharing and linkage, to ensure that services are tailored to population need. (see case study one)

Public Health England Obesity Knowledge and Intelligence have published an evidence review on obesity and disability in adults which looks in detail at the most prevalent disabling conditions in the UK, and highlights implications for health and social care. [18]

Local government's new role

Under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities became responsible for improving the health of their population from April 2013.

This will be backed by a ring-fenced public health grant and a specialist public health team, led by the director of public health. Each top tier and unitary authority will have a health and wellbeing board which will have strategic influence over commissioning decisions across health, social care and public health. Statutory board members include a councillor, a Healthwatch representative, a representative of a clinical commissioning group, a director of adult social care, a director of children's services and a director of public health.

Board members from local government and the health and care system will work together to identify local needs, improve the health and wellbeing of their local population and reduce health inequalities. They are a key forum for encouraging commissioners from the NHS and councils to work in a more joined up way.

Central to achieving this is the Board's responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). Health and wellbeing boards will have to monitor performance, while local authorities will have a statutory function to provide public health advice to Clinical Commissioning Groups (CCGs).

Specific to obesity, from April 2013 local authorities have responsibility for delivering the National Child Measurement Programme. Measuring the height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) and the central return of that data is a mandatory function of local authorities.

Why is tackling obesity important to local authority departments and services involved with health and social care?

- Costs associated with treating long term conditions including diabetes are significant and likely to increase as levels of population obesity rise.
- Social care requirements for very obese people are costly and include housing adaptations and carer provision.
- Work to tackle obesity is in line with the **Adult Social Care Outcomes Framework**, Domain 1: Enhancing quality of life for people with care and support needs.
- Such work also supports progress towards outcomes identified in the **Public Health Outcomes Framework** including Indicator 4.13: Health-related quality of life for older people.
- Work in this area contributes to the Public Health Responsibility Deal for Physical Activity: Community (P1); Physical Activity Guidelines (P2) and Physical Activity: Inclusion (P5)

What can departments and services involved with health and social care do to tackle obesity?

- Work with partners to embed physical activity and healthy eating support within existing social care pathways.
- Work with partners to provide a wide range of appropriate physical activity and healthy eating opportunities across a range of settings.
- Provide necessary adaptations and carer support for severely obese people to help improve their quality of life and avert the need for emergency service intervention (as a result of falls, for example).

Rotherham Council Scrutiny - Review for health inequalities

The aims of the review were to improve the lives of people with a BMI over 50, ensuring they have dignity and are treated with respect, with effective, equitable access to services; and make recommendations for multi-agency consistency in support and care for people with a BMI over 50 and considered housebound.

The recommendations included: The implementation of protocols to improve sharing of data across organisations. Development of briefings for professionals to raise awareness of local services. Securing commitment through the Council's Cabinet and the health and wellbeing Board. Agreement of a joined-up approach to tackling obesity on both treatment and prevention.



Conclusion

Adult social care is facing a number of pressures across all client groups. At a time of such significant pressure on public spending, we need an open debate about where resources are best allocated to support those with the greatest needs.

Adult social care has experienced significant cuts since 2010 - £2.68 billion or 20 per cent over the last three years. So far, many of the reductions have been made through efficiencies but continuing to make this level of savings is simply not possible without severe consequences for the people in need of services. In terms of the public's health, we know that it is not sustainable for the NHS to simply continue to treat an ever growing burden of ill health.

There are links between obesity and social care need: both through the association between obesity and the development of long term conditions, and the physical and social difficulties that may result from the development of severe obesity. As the prevalence of obesity, especially severe obesity, along with associated long term conditions such as diabetes, increases in the population, health and social care costs are likely to rise. Effectively preventing and treating obesity has the potential to significantly improve quality of life and well being, in addition to reducing health and social care costs. Services should address both prevention and treatment of obesity in order to reduce this burden on individuals and society.

The authors of this paper found there is a lack of robust national and local level data that directly link obesity with social care need. This situation could be improved by

appropriate data collection, sharing and linkage, to ensure that services are tailored to population need.

We hope this discussion paper is just the start of a debate on the impact of obesity on council services; If you are want to contribute to that debate or would like to share your learning and experiences, then do please get in touch with us.



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