

Director of  
Public Health  
Report  
**2022**

Central  
Bedfordshire

**great**  
lifestyles

# Taking Local Action to Address Excess Weight in Central Bedfordshire



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# Contents

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<b>Introduction from Vicky Head</b>	<b>3</b>
<b>Chapter 1: The scale of the problem</b>	<b>4</b>
Excess weight is very common in Central Bedfordshire	4
Excess weight is an important driver of inequalities in health	6
<b>Chapter 2: The problem of scale - supporting individuals to lose weight</b>	<b>7</b>
Local weight management services are not used as much as they could be	7
Weight management services help individuals improve their health but will not solve the problem	7
<b>Chapter 3: We can create a healthier food environment</b>	<b>10</b>
Our environment makes it difficult to make healthy choices	10
The cost of living and COVID-19 pandemic have impacted access to healthy food	11
<b>Chapter 4: We can build active places and neighbourhoods</b>	<b>13</b>
Active travel increases regular activity	13
Green Spaces bring physical and mental health benefits	15
<b>Chapter 5: Taking local action together</b>	<b>16</b>
Our Ambitions	17
<b>Appendix A: Adult local weight management services for adults</b>	<b>19</b>
<b>Appendix B: References</b>	<b>21</b>



# Introduction from Vicky Head

**Two out of three adults and one out of three 11-year olds living in Central Bedfordshire are overweight or obese.** Excess weight is a major cause of ill health and death locally and is a key global health challenge of our generation. We know that:

- Excess weight increases the risk of developing chronic diseases including cardiovascular disease, Type 2 diabetes, cancer and osteoarthritis. It increases an individual's risk of hospitalisation and is associated with mental health problems such as anxiety and depression<sup>1</sup>.
- Excess body fat is a factor in nearly a quarter of deaths among people aged over 45 and now contributes to more deaths in this age group than smoking. Moderate obesity reduces life expectancy by about 3 years and severe obesity can shorten a person's life by 10 years. This 10 year loss is equal to the effects of lifelong smoking<sup>2</sup>.
- Obesity was a factor in nearly 4,800 hospital admissions in Central Bedfordshire in 2019/20<sup>3</sup>. Obesity-related admissions in the most deprived areas of England are 2.4 times greater than in the least deprived areas<sup>4</sup>.
- The NHS spends around £6.5 billion a year (close to 4% of its 22/23 budget) on treating the consequences of obesity. This is forecast to rise to £9.7 billion by 2050. The annual cost to society, including wider economic costs, is around £54 billion, roughly equal to 1-2% of GDP or the total annual funding allocated to schools in England<sup>5</sup>.
- Excess weight carries significant economic costs for Central Bedfordshire, including lost working days and economic inactivity, increased benefits payments and costs associated with NHS treatment and care<sup>6</sup>.

It is easy to feel overwhelmed by the scale and complexity of the challenge to tackle excess weight, but there are effective actions we can take locally. My report this year focuses on the important roles that partner organisations and businesses in Central Bedfordshire play in shaping our environment and keeping our population healthy. If we are serious about working preventatively to improve health in Central Bedfordshire, there is more we can do together to stop people developing excess weight and support more people to lose weight.

## Vicky Head

Director of Public Health



# Chapter 1: The scale of the problem

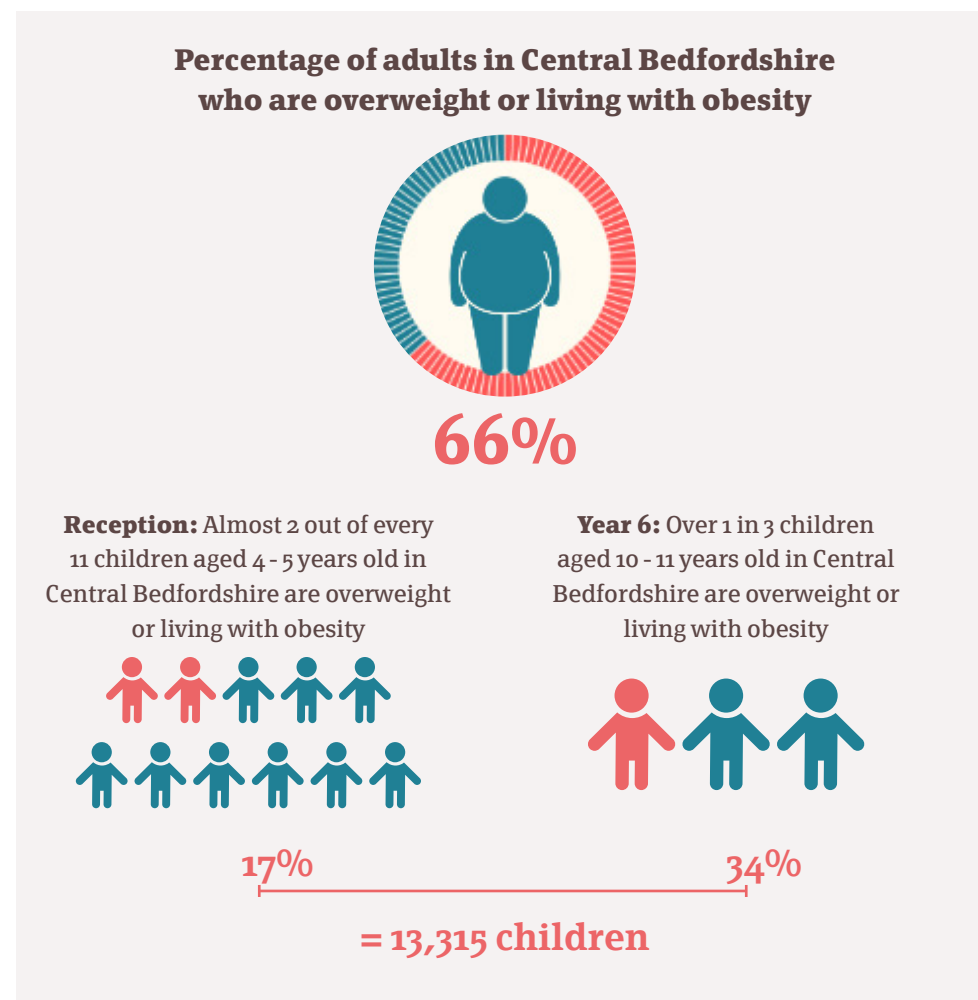
Obesity is a chronic, complex health condition with multiple factors impacting its development including genetics, psychology, environment and societal. Despite this, it is a commonly held belief that weight loss is solely an individual's responsibility. This can lead to weight stigma, the negative stereotyping of people based on body weight, which can cause considerable harm.

## Excess weight is very common in Central Bedfordshire

In Central Bedfordshire over 150,000 people aged over 18 are overweight or living with obesity. This equates to two thirds of adults (66%), which is comparable to the England average of 64%.

17% of children aged 4-5 years old are overweight or obese which is lower than the England average of 22% for this age group. By the time children in Central Bedfordshire reach 10-11 years old, double the proportion (34%) are overweight or obese, though this remains lower than the England figure of 38%.

**Figure 1:** Prevalence of excess weight in Central Bedfordshire

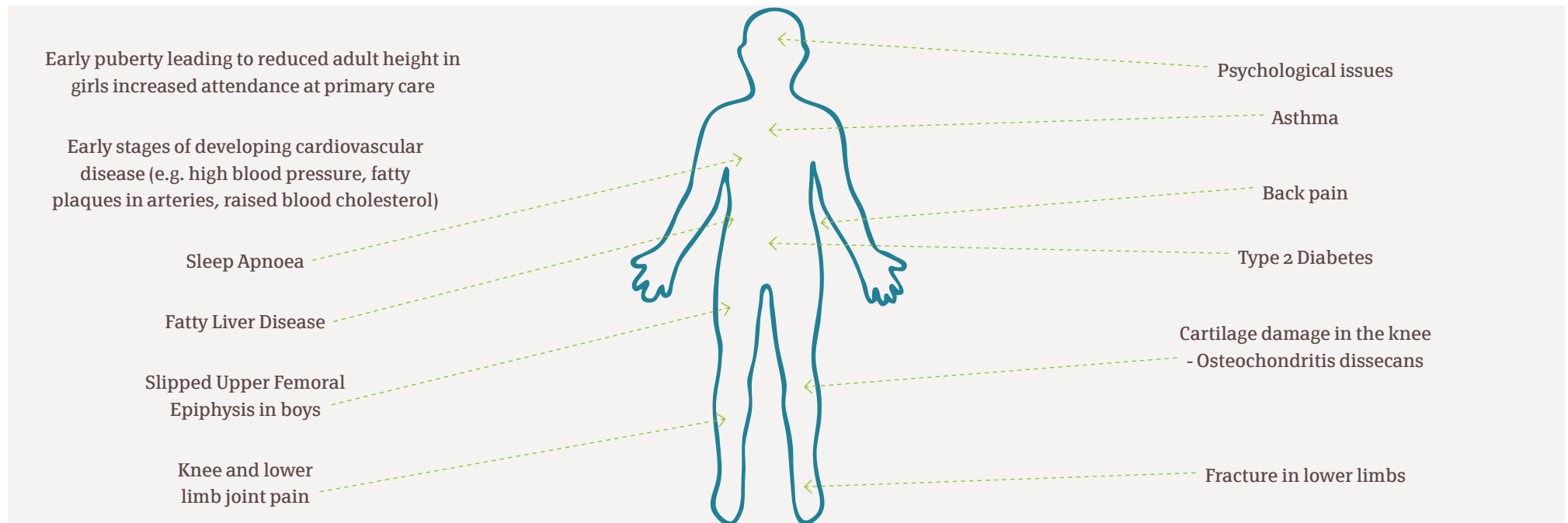


Source: Health Survey for England 2019 and National Child Measurement Programme 2020/21

Levels of excess weight for both adults and children are increasing over time<sup>7</sup> and younger people are becoming obese at earlier ages and remaining obese in adulthood. Being overweight or obese in childhood has profound impacts on health and affects the quality of our children's lives, their education and their life chances. Children who are obese or overweight are more likely to experience physical health issues<sup>8</sup>, including Type 2 diabetes,

asthma, musculoskeletal pain and mental health problems, such as depression (Figure 2). If children born in 2022 continue eating current diets, the projected health implications of obesity as they age are stark. By the age of 65 years 75% of those children will be overweight or obese, 1 in 3 will have diabetes and 1 in 5 will have cardiovascular disease<sup>9</sup>.

**Figure 2: Health impacts of childhood obesity**



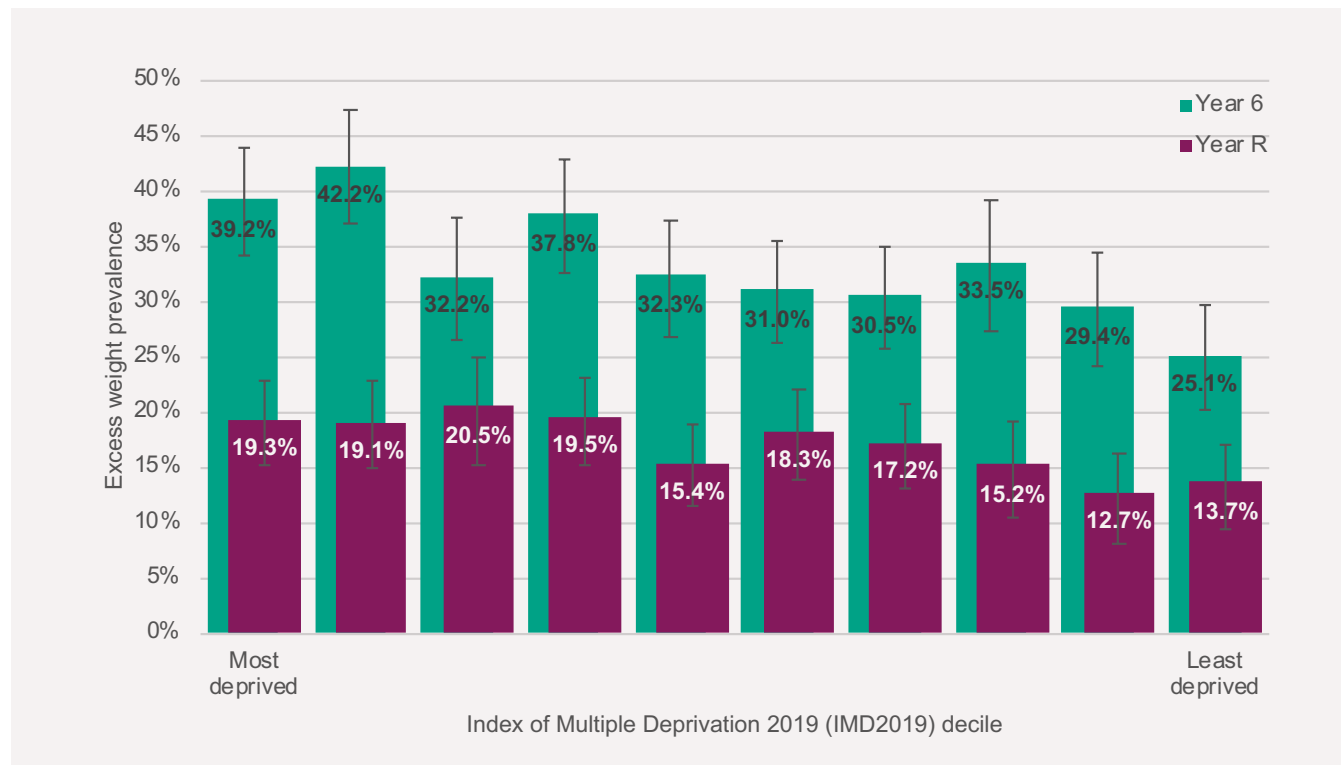
Source: Time to Solve Childhood Obesity. An Independent Report by the Chief Medical Officer, 2019

## Excess weight is an important driver of inequalities in health

Excess weight can affect anyone, but it more commonly affects people living in areas of deprivation, on low incomes, those living with disabilities and some black and minority ethnic groups<sup>10</sup>. These differences in excess weight translate to worse health outcomes for people as well as contributing to health inequalities.

This pattern is apparent across Central Bedfordshire, where the latest data shows significant differences in excess weight by the end of primary school, with around 40% of children in the most deprived areas living with excess weight, compared to 25% in the least deprived areas<sup>11</sup> (Figure 3). This inequalities gap is getting bigger over time.

**Figure 3:** Excess weight prevalence of primary school children by deprivation decile in Central Bedfordshire (2021/22).



Source: National Childhood Measurement Programme 2021/22

# Chapter 2: The problem of scale: supporting individuals to lose weight

Free weight management programmes are available locally to support people living with excess weight. Evidence suggests they are effective for short-term weight loss and they can be targeted so that they help address health inequalities. Weight loss tends to be modest but even small weight reductions brings health benefits. These programmes are an important intervention to enable individuals to improve their health but on their own they will not solve the obesity problem at a population level.

## Local weight management services are not used as much as they could be

The full range of free local weight management services is listed in Appendix A. The three interventions available through the NHS or commissioned by the Council's public health team are MoreLife, the NHS Digital Weight Loss Programme and the NHS Diabetes Prevention Programme.

**MoreLife** provide weight management services for children and young people, adults, and pregnant or recently pregnant women in Central Bedfordshire, Bedford Borough and Milton Keynes. In 2021/22, 3,653 residents were referred (including self-referrals) to the MoreLife programme across the three local authorities and 855 people completed the programme. In terms of capacity, this service had an additional 1,300 spaces that were unused. In real terms, the online component of MoreLife has unlimited capacity.

The **NHS Digital Weight Loss Programme** is available on referral for people with high BMI and diabetes or hypertension. Just 65 people have been referred to the NHS Digital Weight Loss programme across BLMK (Bedfordshire, Luton and Milton Keynes) between April and July this year. Based on this an estimated 260 people will be referred over the course of the year, which is just over 10% of the referral target for this service. Again, as an online service, in practice this service has unlimited capacity.

The **NHS Diabetes Prevention Programme** is available on referral for people at high risk of developing diabetes. The programme has capacity to support over 13,000 people across BLMK a year. Based on current activity we estimate that around 9,600 residents will be referred, leaving 3,700 places unused.

More people could be supported to lose weight through these services and making full use of the opportunity they present is an important challenge. More can be done to raise awareness of MoreLife so that residents can self-refer, but referral by clinicians to all three is critical. It can be difficult to raise the subject of weight, but training can help frontline professionals feel confident to offer brief advice, including where to get support.

## Weight management services help individuals improve their health but will not solve the problem

While together these services could be supporting around 20,000 people from Central Bedfordshire, Bedford Borough and Milton Keynes to lose weight every year, we know that over 150,000 Central Bedfordshire residents alone are living with excess weight. The scale of the obesity challenge means the impact of individual weight management services is limited. To have a greater impact at a population level, the most effective interventions are those which restrict less healthy food choices or provide incentives for healthy eating, such as through limits on portion sizes, reformulation of foods, restrictions on advertising or taxation. As well as promoting weight loss, these interventions are critical for preventing people – especially children – from gaining weight.

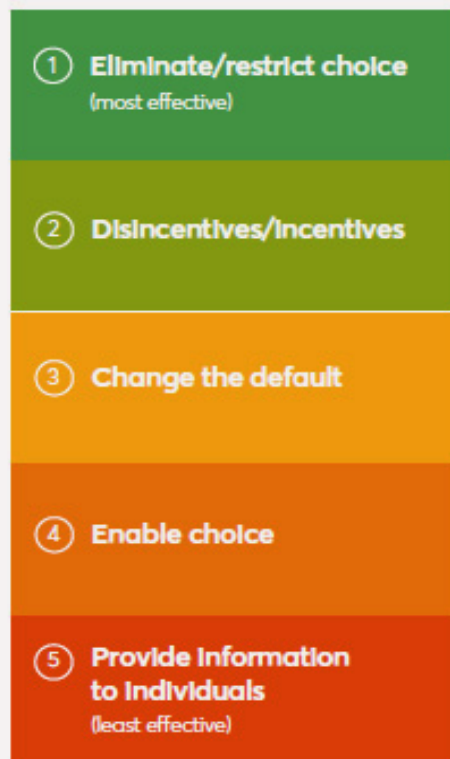
Research suggests there is a mismatch between what people think the most effective ways of addressing excess weight are, and what the evidence-base suggests is most effective (Figure 4). To have the biggest impact on excess weight, we need to move away from a focus on provision of information to individuals and enabling healthy choices, and give more attention to interventions that change people's default behaviour, incentivise healthier choices and even restrict or eliminate unhealthy choices.

**Figure 4:** Perceived and actual effectiveness of obesity interventions

**How to read this chart:**  
 Box color represents the actual effectiveness of the interventions

Least effective Most effective

**How effective the interventions are**  
 (by intervention type)\*



**How effective they are perceived to be**  
 (by intervention)



Perceived as very effective

**Average perceived effectiveness**  
 (How effective they think each intervention is at tackling obesity)

Perceived as not very effective

\*These categories and associated rankings are based upon the Nuffield Intervention Ladder. Source: Nuffield Council on Bioethics. Public health ethical issues. London, Nuffield Council on Bioethics, 2007.

Source: Changing Minds about Changing Behaviours: Obesity in focus; NESTA (2021)<sup>12</sup>





## Making progress locally:

### MoreLife Weight Management Service

- Free adult and child weight management services for eligible Central Bedfordshire residents to support weight loss either face to face or remotely.
- Support for women to maintain a healthy pregnancy and families.
- Sessions run in a fun & friendly environment and cover a range of subjects including healthy eating, physical activity and body image to help support sustainable, long term weight loss.

Over 700 Central Bedfordshire residents have been supported through the MoreLife programme since 2019, however we need more people to take advantage of the support available. This is particularly true for people who may be at higher risk of poorer health outcomes, for example, people with a learning disability or severe mental illness, those living in areas of higher deprivation and people from minority ethnic groups. It can be difficult to raise the issue in a way that doesn't stigmatise excess weight but training is available to support staff to do this in a sensitive manner.

# Case Study



## MoreLife Weight Loss Programme

For years his weight had impacted his mobility, quality of life, family life and mental health and after speaking to his local GP he realised he needed to take action.

**“I’ve been offered encouragement and good advice, together with understanding. I have also managed to lose more weight than I expected to.”**

**“I feel that I am confident, that I will move forward and I will continue to make progress.”**

Clive



**Before**



**After**



# Chapter 3: We can create a healthier food environment

Many of the factors driving unhealthy weight gain are linked to the environment people live in. A myriad of socio-economic factors – including income, housing, education, access to outdoor space, exposure to advertising and sale of unhealthy foods impact whether we can be active or eat healthily and determine our risk of developing excess weight. Food environment also plays a key role in driving health inequalities between people living in advantaged and disadvantaged circumstances.

## Our environment makes it difficult to make healthy choices

Food environments refer to the ways in which we are exposed to food on a daily basis. Healthy food and drink choices are often not affordable, convenient, or accessible to everyone (Figure 5). Fast and processed food companies influence food choices by monopolising advertising space, using their financial power to offer appealing food promotions, including buy one, get one free offers on high calorie and processed foods. Unhealthy options often dominate the checkouts, shops and workplaces and takeaways overwhelm us with large portion sizes, far exceeding those recommended. The density of fast-food outlets has increased significantly, particularly in areas of high deprivation.

Advertising and sponsorship are used to place brands centre stage and help them shine brightly in the minds of young people, often using cartoon characters or famous people to make unhealthy food appear attractive and part of everyday life. The UK Government has set out plans to regulate some of these practices, like restricting unhealthy food advertising online and on TV. Whilst there is a need for national regulation, there are also opportunities to intervene locally and many councils are now developing policies to restrict unhealthy advertising in these spaces and on their public transport networks. Bus shelters across Central Bedfordshire do not advertise tobacco products

near schools and we can investigate building on this approach regarding unhealthy food

The Council, NHS and other public sector organisations procure food services and could use their buying power to encourage the production and supply of healthy food options. There can be a disconnect between the verbal message given to people, for example in a diabetes clinic, and the visual message when they then walk into a hospital shop that offers a range of sugary drinks and treats. Several NHS Trusts have set clauses for the balance and types of food on sale in food shops on their premises.

Nationally more than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to be associated with higher energy intake, higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients<sup>13</sup>. Across Central Bedfordshire, just 51% of adults meet the recommended '5-a-day' on a 'usual day' which is slightly lower than the national figure of 55%.



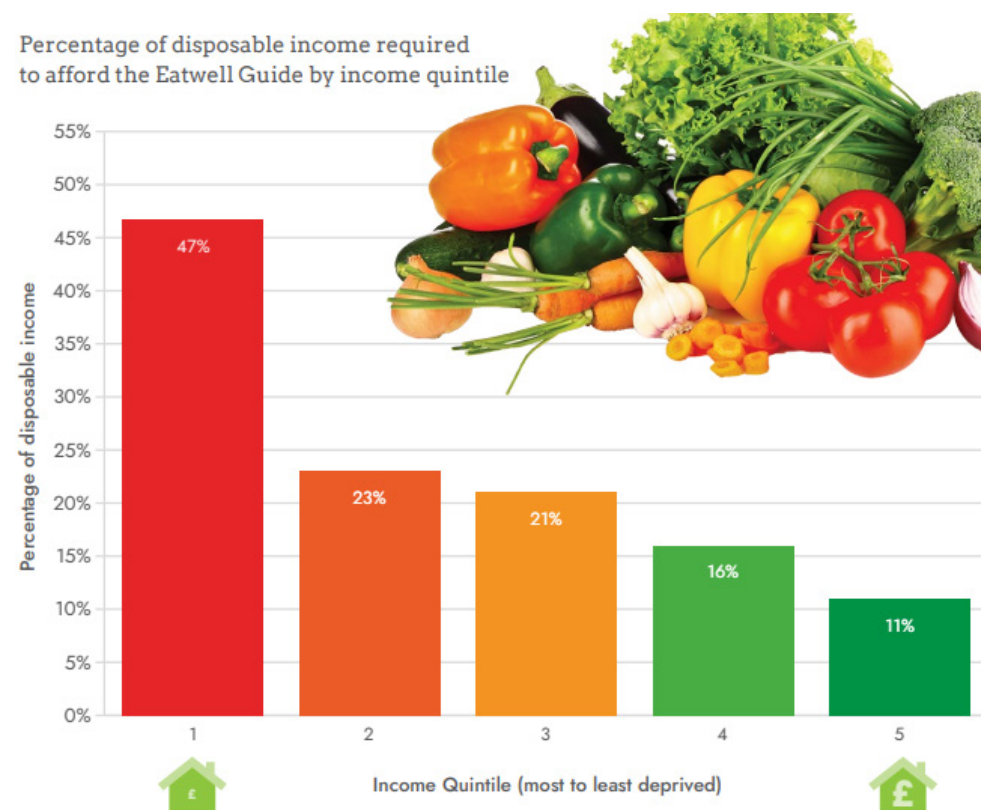
## The cost of living and COVID-19 pandemic have impacted access to healthy food

The social and economic impacts of the pandemic and current financial crisis have been widespread. During the height of the COVID-19 pandemic many people faced challenges in accessing and maintaining a healthy diet and exercising. The pandemic influenced how people use their local environments and access food. More people are now working from home, and early evidence suggests that the pandemic has modified eating behaviours, with increased snack frequency and a preference for sweets and ultra-processed food rather than fruits, vegetables, and fresh food<sup>14</sup>.

Affordability influences access to healthy foods and, for families on a lower income, a healthy diet may be unaffordable<sup>15</sup>. The poorest fifth of UK households would need to spend 47% of their disposable income on food to meet the cost of the Government recommended healthy diet. This compares to just 11% for the richest fifth (Figure 5).

Those on lower incomes are more likely to be price-sensitive when shopping and therefore more influenced by their local food offer. Family food insecurity has been associated with infant excess weight<sup>16</sup>. With the current financial crisis and the economic impact of COVID-19<sup>17</sup> more household food budgets have been affected, with all local foodbanks seeing a dramatic increase in referrals<sup>18</sup>. The Need Project and Dunstable Food in Central Bedfordshire are two organisations providing food parcels to local residents. These services have seen a doubling in demand over the last two years.

Figure 5: Affordability of a healthy diet



Source: Food Foundation<sup>19</sup>



### **Making progress locally:**

#### **Supporting vulnerable families: Holiday Activity and Food (HAF) Programmes**

These programmes launched in 2021 and provide activities for children who qualify for free school meals in the school holidays. Children receive at least one hot meal a day that meets the requirements of the School Food Standards.

**Over 12 months, the programme has seen over 5,200 attendances across Central Bedfordshire.**

## **Healthy Start Scheme: a healthy start to life**

The Healthy Start Scheme is a national, means-tested scheme providing a pre-paid card to buy fruit and vegetables, vitamins and milk for low-income pregnant women, families with pre-school children and mothers under 18 years of age.

1,539 families in Central Bedfordshire were eligible to access the scheme<sup>20</sup> at the start of the pandemic. This figure increased by almost 20% the following year.

Current uptake of the scheme is 67%, which is similar to uptake nationally but could be higher. The Public Health team is working with partners to increase uptake.

# Chapter 4: We can build active places and neighbourhoods

Neighbourhoods are places where people live, work, and play and have a sense of belonging. Research shows that the environment in which we live is linked to our health throughout our lives. For example, the design of neighbourhoods can influence how much physical activity we undertake, how we travel and move, how we socialise and make local connections, and our mental and physical health and wellbeing.

The Local Plan<sup>21</sup>, which sets out the future development in Central Bedfordshire, recognises the importance of green space and blue space (water) for people's physical activity and mental wellbeing. It has clear policies for promoting leisure and sports, set out in its suite of Leisure Strategies including the Recreation and Open Space Strategy. The design of the built environment can be influenced through the local plan, supplementary planning documents and the design guide, which recognises the importance of green infrastructure to create opportunities for people to walk and cycle along with increased provision of allotments. There may be additional scope to make more use of the planning system to encourage people to be active. Opportunities to support healthy eating are also available, for example, some areas have taken steps to restrict the opening of new takeaway outlets, particularly where the number of takeaways or prevalence of obesity is high.

## Active travel increases regular activity

As a society we move less than we used to. Access to safe and attractive routes for walking and cycling is important in giving people the opportunity to be active regularly, which is necessary for good physical and mental health.

Central Bedfordshire Council has begun work on a new Local Transport Plan (LTP), with a focus on carbon reduction by improving public transport and providing good infrastructure for walking and cycling. These ambitions are, in part, included in the Council's current Design Guide, which influences how new developments promote healthy lifestyles through their design and layout. These will be further enhanced as part of the review of the Design Guide. The Central Bedfordshire Travel Survey in 2018, highlighted that 77% of working residents drive to work despite 40% of residents living within 5 miles of their workplace. This represents thousands of journeys made every day that could be made by walking or cycling.





## Making progress locally:

### Green corridor

A green corridor for sustainable travel is proposed that links the proposed new garden community to the east of Biggleswade to the current Biggleswade town centre. This seeks to provide a safe, attractive and direct walking and cycling route from the new community to local centres of employment, shopping, public transport and recreation.

### Healthy Weight and Physical Activity

Central Bedfordshire Council is investing £500,000 in physical activity and healthy weight initiatives such as Houghton Regis Rides, community grants to promote physical activity, active lifestyles support to pre-school families and Play Streets. Play Streets enable the short-term closures of residential roads allowing children to play and be active whilst also building a sense of community amongst residents and reducing social isolation.



## Street Tag

A fun, free, smartphone app that turns physical activity into a game and converts walking, running, and cycling into Street Tag points (tags).

Turning streets and parks into a giant virtual playground. The family-friendly game rewards lower/ middle and Primary schools, families, individuals, and communities for their physical activities such as walking, running, cycling.

Totals to Date		
Total Steps	Total Schools	Total Miles
18,000,000+	41	115,951

## Case Study

### Volunteering at Houghton Hall Park

**'Since my autistic son started volunteering at Houghton Hall Park with his school, I have seen a drastic change in him. He is more confident, and more willing to talk to people he doesn't have a close relationship with.'**

Weatherfield School parent, student and support worker



## Green Spaces bring physical and mental health benefits

Green spaces are valued for their physical and mental health benefits and for the part they play in creating successful, balanced and sustainable communities. Central Bedfordshire boasts a range of local green spaces for both residents and visitors. The Recreation and Green Space Strategy, recognises and promotes the multi-functional nature of green spaces and supports the provision and improvement of sufficient, well located and good quality open space.

People reported that engagement with green space was more important to them during the pandemic, but access was not uniform across all communities. People living in areas of higher deprivation or from Black and minority ethnic groups generally have less access to adequate green space, including private gardens and public spaces. The green spaces they do access tend to be of lower quality, smaller size, and further from their homes compared to White British residents. This is referred to as “green deprivation” and the communities that experience it are more likely to have to travel longer distances for safe access to good quality green space. Central Bedfordshire is a predominantly rural area with some good examples of initiatives to enable residents to make the best use of this.

## Making progress locally:

### Green Social Prescribing and Conservation Projects

The Bedfordshire Rural Communities Charity (BRCC) develops green social prescription activities across Bedfordshire, including developing the Green Wellbeing Directory to get residents active in nature<sup>24</sup>. This year the team recruited a Green Social Prescribing Officer and a Community Garden Support Officer to share the work across communities.

Volunteer groups supported by partner organisations such as The Bedfordshire Rural Communities Charity, Houghton Hall Park and the Greensand Trust organise regular conservation projects in green spaces across Central Bedfordshire. They provide the opportunity for residents to be physically active outdoors, socialise and benefit from spending time in nature.

### Allotment Scheme

Allotments in Central Bedfordshire are managed by town or parish councils, with Central Bedfordshire Council securing new allotment space as part of its Recreation and Open Space Strategy. Houghton Hall Park in Houghton Regis is a 17 acre heritage landscape park owned and managed by Central Bedfordshire Council and Houghton Regis Town Council. The Friends of Houghton Hall Park work with the Park’s Community Gardener to run the Kitchen Gardens. This volunteer driven allotment scheme sells the produce grown to the local community, used by the volunteers themselves and donated to the Dunstable Food Bank. Similar schemes are in place across Central Bedfordshire and a community grant scheme is supporting more to be established.

The Council also runs Active Outdoors which aims is to improve mental health and wellbeing. The programme offers a variety of activities for people of all ages and abilities to build confidence, educate, provide volunteering opportunities, and reduce social isolation along with the additional benefits of being physically active.

# Chapter 5: Taking local action together

Multiple factors contribute to excess weight and its consequences for the health and wellbeing of our residents. A growing body of evidence suggests that excess weight cannot be tackled by a single agency. Alongside national interventions by Government, it requires a collaborative approach across organisational boundaries, making it everybody's business.

Together, partner organisations and businesses in Central Bedfordshire play important roles in shaping our environment and keeping our population healthy. There is more we can do to prevent people developing excess weight and to support more people to lose weight. The ambitions below set out actions that the Council and partner organisations can take together to address the excess weight crisis and send a clear message to members, residents and service providers that this is a priority.

**Figure 6:** Actions to tackle excess weight





# Our ambitions

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## Ambition 1

### Work together to create healthy, active places to learn, work and play

1. Employers and service providers, including the Council and the NHS, should make it easy to access healthy food, through the food services they procure and the businesses that sell food and drink on their premises.
2. Organisations, including the Council, should explore opportunities to limit the marketing, placement, advertising, and sponsorship of unhealthy foods.
3. The Council continues, through its planning and transport responsibilities, to develop plans and design guides that make it easier and safer for residents to walk, cycle and use public transport.
4. Employers should explore options to build movement into the working day and make active forms of travel easier, attractive, and more affordable.
5. System partners should ensure there is support for voluntary and community organisations to increase access to healthy food and physical activity, with a focus on families most affected by increases in the cost of living.

## Ambition 2

### Work together to support more people to lose weight and keep it off

- 1. The Council and the NHS should work together to make it easy to access all publicly funded weight management services.**
- 2. The NHS should work to increase the number of patients successfully referred to the full range of locally available weight management services.**
- 3. Health and care services should work to increase the confidence of frontline professionals to raise the subject of excess weight and offer brief advice, including where to get support.**
- 4. Employers, as part of their approach to workplace wellbeing, should promote the availability of local weight management services.**
- 5. Throughout these actions extra effort should be made to improve access to weight management services for those at higher risk of excess weight, including people with learning disabilities, people with severe mental illness, those living in areas of higher deprivation and people from minority ethnic groups.**

# Appendix A: Adult local weight management services for adults

Intervention	Area	Brief Summary	Referral route	Considerations & weight and eligibility criteria
<b>Specialist obesity services</b> (referred to as Tier 3 and 4 services)	<i>BLMK</i>	Multidisciplinary services involving behavioural, medical and psychological services. Route to bariatric surgery if clinically indicated.	GP	Consider whether this may be the most appropriate option if BMI is very high or if clinical goals not achieved with other weight management services.  Some medications for managing NDH and obesity can only be accessed through specialist weight management services. This is also the route for bariatric surgery  BMI $\geq$ 40 (or BMI $\geq$ 35 with Type 2 Diabetes, obstructive sleep apnoea, Cardiovascular Disease, Osteoarthritis, Hypertension) You must code the referral as 'obesity' to ensure reimbursement for the referral
<b>Lifestyle Hub</b>	<i>Bedford Borough</i>	Triage hub for physical activity and weight management.	GP	The hub can support people through motivational interviewing, to either attend another programme listed here or provide physical activity advice and support.  You must code the referral as 'obesity' to ensure reimbursement for the referral.
<b>Active Lifestyles</b>	<i>Central Bedfordshire</i>	Series of appointments to support people to become more active.	GP	You must code the referral as 'obesity' to ensure reimbursement for the referral.
<b>ESTA</b>	<i>Bedford Borough &amp; Central Bedfordshire</i>	Weight management and behaviour change programme for those with Type 2 Diabetes. 9 fortnightly sessions (over 4mths) and 6 m follow up.	GP	Caucasian: BMI of $<$ 27 kg/m <sup>2</sup> or Black African, African-Caribbean and South Asian: BMI of $\leq$ 25 kg/m <sup>2</sup> , type 2 diabetes and not on any injectable treatment for diabetes.
<b>NHS Low Calorie Diet Programme pilot</b>	<i>BLMK</i>	12 month programme with 3 months of total diet replacement followed by further 9 months of behavioural support.	GP	This is a nationally funded pilot service for people diagnosed with type 2 diabetes in the previous 6 years, aged 18-65 and with BMI $\geq$ 27 (adjusted to $\geq$ 25 for people from Black, Asian and ethnic minority backgrounds). People using insulin are not eligible for the service.  Uses total diet replacement approaches (specially formulated soups and shakes) and is completely free of charge to the patient. Service is provided digitally in BLMK  Payment of £90 to the practice for each person referred who starts the programme.

Intervention	Area	Brief Summary	Referral route	Considerations & weight and eligibility criteria
<b>NHS Diabetes Prevention Programme</b>	<b>BLMK</b>	9-12 month behavioural change programme to prevent diabetes in those at high risk. Group-based but one-to-one digital coaching also available.	GP referral via <del>SystemOne</del>	For people with NDH or previous gestational diabetes.  Designed to improve diet, increase physical activity and maintain a healthy weight through making lasting lifestyle change.
<b>MoreLife (Tier 2 weight management service)</b>	<b>Bedford Borough, Central Bedfordshire &amp; Milton Keynes</b>	12 week group behavioural and lifestyle intervention to reduce BMI.	GP/other health professional (self-referral via website)	Must have BMI $\geq 30$ (adjusted to $\geq 27.5$ for people from Black, Asian and ethnic minority backgrounds or for those with co-morbidities)  Weight loss is the main goal but can be referred with NDH or diabetes (type 1 or 2). No physical activity (signposted to local options)  Offers face to face or zoom group support with continual digital support or solely digital support.
<b>NHS Digital Weight Management Service</b>	<b>BLMK</b>	12-week behavioural and lifestyle intervention to reduce BMI.	GP	Must have diabetes (type 1 or type 2) &/or hypertension.  Must also have BMI $\geq 30$ (adjusted to $\geq 27.5$ for people from Black, Asian and ethnic minority backgrounds) and needs access to smartphone or computer

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