

## Adult obesity in North Lincolnshire 2014

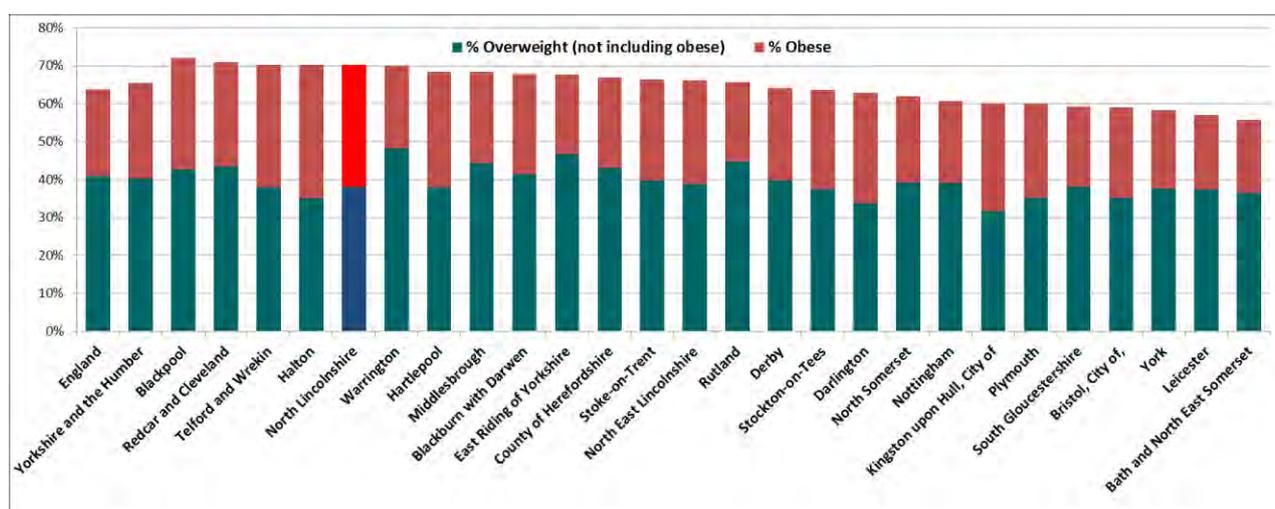
### Headlines

- The scale and significance of obesity in both adults and children, represents one of the greatest public health challenges of the 21<sup>st</sup> century.
- North Lincolnshire's adult obesity prevalence is currently higher than both the regional and national averages, at 32% compared with 23% nationally.
- Local rates of adult obesity are expected to increase further over the next 15 years in line with national trends.
- Of key concern, are the inequalities that exist within adult obesity prevalence, which are related to gender, social deprivation and ethnicity.
- On a simplistic level, obesity is caused by an energy imbalance (energy intake versus energy expenditure). However, obesity is a complex problem with a variety of factors affecting an adult's ability to achieve and maintain a healthy weight.
- Obesity is associated with a significant range of physical, psychological and social health problems including cardio vascular disease, some cancers, diabetes and depression. Obesity impacts on mortality with an average reduction in life expectancy of 3-9yrs.
- In North Lincolnshire, the cost to the NHS of managing and treating obesity is estimated at £47 million a year, (2010). This is expected to rise year on year, if effective action is not taken to halt and reverse rising incidence and prevalence.
- The most effective way of tackling obesity is to use a 'whole-systems' approach that engages a range of partners across agencies.

### What's the local picture and how do we compare?

- Currently, both estimated and actual levels of adult excess weight obesity are higher in North Lincolnshire, compared with the national, regional and compared with local authorities with a similar population profile.
- In 2012, 38% adults were overweight in North Lincolnshire and 32% were obese, compared with 41% and 23% across England as a whole. This level of obesity was significantly above the national rate, as well as a number of our neighbouring and comparator authorities.

**Figure 1: Excess weight amongst adults 2012**



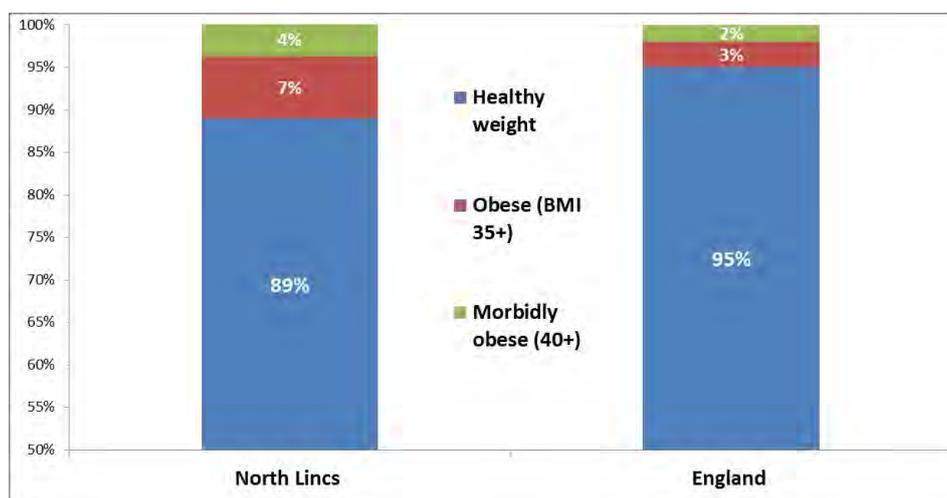
Source: Active People Survey, 2012

### Pregnant women

- Local data suggests rates of excess weight amongst pregnant women are particularly high in North Lincolnshire. In 2013/14, 26% of pregnant women in North Lincolnshire were assessed as obese at first booking, (ie with a BMI of 30+), 3.3% as morbidly obese, ( ie BMI of 40+) and 0.2% as super morbidly obese, (BMI of 50+).

- According to local data, in 2013/14 the proportion of pregnant women booking in with a BMI of 35 or more in North Lincolnshire was 11%. This compares with 4.9%, nationally (based on CEMACH data for 2009).<sup>1</sup>

**Figure 2: Weight and unhealthy weight amongst pregnant women at maternity booking 2013/14**



Source: England, CEMACH 2009, National Obesity Observatory, NLaG, 2014

- This suggests a higher need for intensive and intermediate care amongst pregnant women in North Lincolnshire and has significant implications for maternal, infant and population health.

**Table 1: Weight at first trimester in North Lincolnshire 2013/14**

Obesity	% of pregnant women in North Lincolnshire
Overweight BMI 25-29.9	30.5%
All obese women BMI >30	27.6%
Class 1 BMI 30-34.9	16.2%
Class 2 BMI 35-39.9	7.6%
Class 3 BMI 40- 49.9	2.9%
Super morbid BMI >50	0.9%

Source: NLAG, 2014

<sup>1</sup> The Centre for Maternal and Child Health Enquiries (CMACE) formerly known as Confidential Enquiry in to Maternal and Child Health (CEMACH) conducted a national audit of obesity during pregnancy in 2009 of all pregnant women under 24 weeks gestation.

- Nationally it is estimated that obese women are approximately twice as likely to have a stillborn baby as women with a healthy BMI (CMACE, 2010). The CMACE Perinatal Mortality 2008 Report found that approximately 24% of the mothers who had a stillbirth or a neonatal death were obese (CMACE, 2010).
- NICE guidance and CMACE recommend that women with a BMI>30 should have consultant care rather than midwifery-led care. NICE estimates also suggest that the increased levels of complications in pregnancy and interventions in labour associated with maternal obesity represent a 5-fold increase in cost of antenatal care (NICE, 2011). The costs associated with newborns are also increased, as in babies born to obese mothers, there is a 3.5-fold increase in admission to Neonatal Intensive Care Unit (NICU) (NICE, 2011).

### Physical activity related to lifestyle

- According to national surveys, physical activity amongst adults is below average in North Lincolnshire. Only 14% of the adult population do the recommended 30 minutes of exercise 5 times a week in North Lincolnshire, whilst more than half (52.9%) do no physical activity at all.
- Whilst this is an improvement on 2005/6, most of this improvement is accounted for by an increase in participation amongst men. Female participation rates have changed little during this time.
- The proportion of adults who use a gym at least once a month is below the national and regional average in North Lincolnshire at just over 6% compared with 10.9% nationally.

### **Where are we heading if we continue doing what we are doing?**

- National projections suggest a steady increase in adult obesity both locally and nationally over the next 15 years, with an average annual increase of 2% a year. The projected increases are higher for people in their middle years and older. By 2025, the number of obese people over the age of 65 is expected to increase by around 50% for both men & women. People in this age group are already at greater risk of long term conditions such as diabetes, heart disease and arthritis. Being overweight or obese can also exacerbate these diseases, making it harder for people to recover from ill health and manage their condition effectively.
- With so many chronic diseases related to excess body weight we should expect both a rise in obesity related diseases in North Lincolnshire over the next decade and beyond, as well as increasing inequalities in the distribution of these chronic diseases.

### **What are our key local strengths/assets?**

- Public Health is formally embedded within North Lincolnshire Council, which strengthens opportunities to work with partners across the wider determinants of obesity (highlighted by NICE guidance PH42).
- The continued role of the Obesity Steering Group, chaired by the Public Health Consultant for Places (North Lincolnshire Council).
- Political support gained for the 'North Lincolnshire Change4Life Strategy'.
- Insight and outcomes obtained from undertaking the Experience led Commissioning programme.

### **What are the 3 key issues for commissioners and service providers to consider?**

- Evidence strongly supports the necessity for a dual approach to addressing obesity. This requires, focus, capacity and resources to be directed towards both prevention and treatment of excess weight. Furthermore, identifying how prevention and treatment 'fits together' within the local obesity pathway is essential for a 'whole systems' approach to be successful.
- We need to target messages, interventions and support within communities where obesity prevalence is high. This involves understanding the complex and deep rooted link between adult obesity prevalence and social inequalities related to gender, deprivation, ethnicity and disability. There is a local gap in this knowledge base.
- In North Lincolnshire, we need to improve the knowledge and skills of those working in a front-line capacity with adults e.g. primary care, workplaces, adult services, midwives and health visitors. They can play a crucial role, in supporting and referring families to appropriate information, guidance and services.

### **Why are these issues important?**

- Nationally, obesity related illness is estimated to cost the NHS £5.1 billion a year, with the estimated annual cost of obesity to the NHS in North Lincolnshire is approximately £47million. The indirect costs to the economy are likely to be higher still. The increasing cost of treating excess weight both nationally and locally is unsustainable. As a result, addressing obesity now is critical in order to make a meaningful difference to be made to the health behaviours and weight status of future generations.

- Extensive research evidences the impact that excess weight has on an adult's immediate and long-term physical, mental and social health outcomes. The effects of overweight and obesity are far-reaching, impacting not only on an individual's health but life chances related to career and economic opportunities. Achieving and maintaining a healthy weight therefore, provides health, social and economic benefits for an individual and wider society.

### **Which groups are most affected by this?**

Nationally the evidence clearly indicates significant inequalities in obesity prevalence, with higher rates amongst people who are:

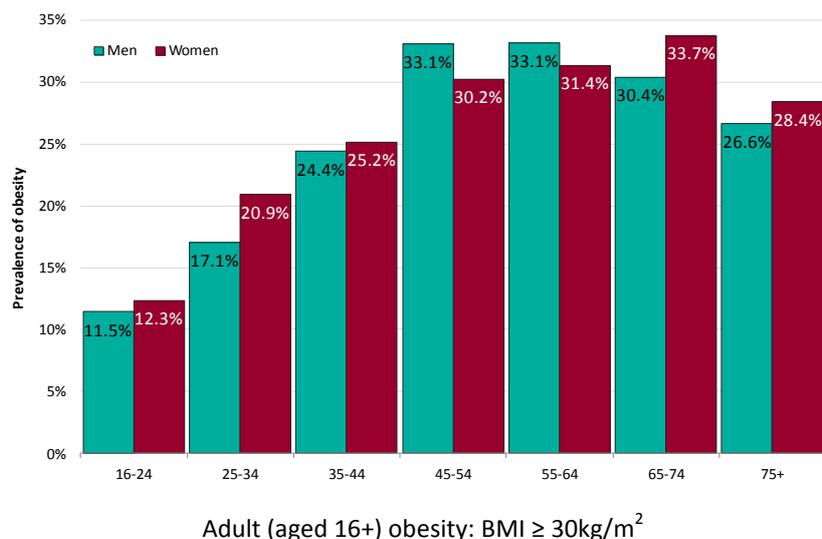
- Older
- Male
- From an area of high deprivation
- Within a BME community
- Have a learning/physical disability

In North Lincolnshire, limited evidence exists related to obesity prevalence of adults and social/health inequalities. The data are below are drawn from national results.

### **Age and sex**

Prevalence of overweight and obesity is lowest in the 16-24 year age group, and generally higher in the older age groups amongst both men and women. There is a decline in prevalence in the oldest age group, which is particularly apparent in men. This pattern has remained consistent over time.

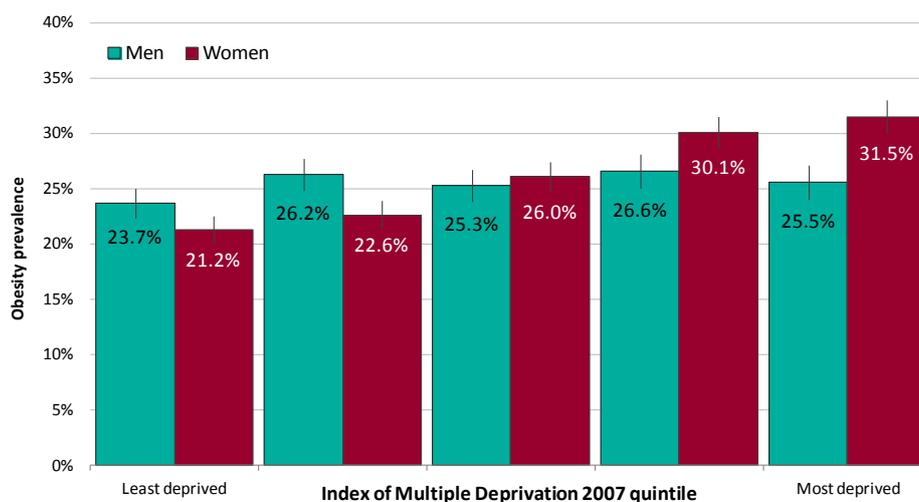
**Figure 3** - Adult obesity prevalence by age - Health Survey for England 2010-2012



### Deprivation

For women, obesity prevalence increases with rising deprivation, regardless of the measure used, with a strong relationship between obesity prevalence and occupation-based social class. The prevalence of obesity amongst women in unskilled occupations is almost twice that of those in professional occupations. The overall pattern is similar for men; with those in professional occupations having lower obesity prevalence than any other group. However, the differences by deprivation are less clear cut.

**Figure 4 – Adult obesity prevalence by deprivation Health Survey for England 2007-2011**



### Ethnicity

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK. Despite this, evidence suggests that women from Black African groups appear to have the highest prevalence of obesity and men from Chinese and Bangladeshi groups have the lowest. Women appear to have a higher prevalence in almost every minority ethnic group, with a significant difference between women and men among the Pakistani, Bangladeshi and Black African groups. Members of minority ethnic groups in the UK often have lower socioeconomic status, which is in turn, associated with a greater risk of obesity in women and children.

### Disability

There is limited data on disability and obesity. It is known that people with disabilities are more likely to be obese and have lower rates of physical activity than the general population.

### **What's changed since 2013**

- Greater multi-agency engagement has been achieved through strengthening and expanding representation on North Lincolnshire Council's (NLC) Obesity Steering Group. This has included active participation from directorates across NLC (including Public Health), the Clinical Commissioning Group, and primary care.
- Two presentations undertaken at People's Scrutiny and Cabinet, lead to the strategic direction for addressing obesity obtaining increased political support. This resulted in the recently refreshed obesity strategy – 'North Lincolnshire Chang4Life', being formally approved for action.

### **What are the views of local people? (Community voice)**

- Between November 2013 and February 2014, an Experienced-Led Commissioning programme was undertaken to gain insight from our local community members, partners and organisations. This in-depth consultation process, engaged with a total of 135 community members and wider stakeholders.

### **What matters most to people**

People told us that the following would make the biggest difference to them achieving and maintaining a healthy weight:

- More family centric and one to one based support
- Time (or better time management) to be able to plan meals and do physical exercise
- Support from people who genuinely understand and emphasise
- Having greater knowledge and understanding about the whys, how's, when's, what's related to weight management, food and physical activity
- Where all else has failed, timely clinical intervention

### **Change one thing data**

We asked what one thing would make a real difference to people's experience and outcome of achieving and maintaining a healthier weight. They told us:

- That services need to be flexible and accessible i.e. run evenings, weekends, in the local community and online (utilising technology)
- More support should be available to develop peoples emotional well-being i.e. resilience, coping strategies
- Services need to be non-judgemental and listen to individual needs
- Greater 1:1 support needs to be available – particularly in relation to emotional wellbeing
- Make healthy options available and affordable (supermarkets, restaurants, gyms etc)
- Create more family friendly and family focused options – gyms/cooking/services
- Education for all to improve knowledge about healthy food choices particularly cooking sessions

### **What are our future needs?**

Building on our actions in 2013 -

- Utilise the broad range of partners at North Lincolnshire Council, NHS North Lincolnshire CCG, the Health and Wellbeing Board WBB, and so on, to support the strategic action required to tackle the broad and often underlying variety of factors impacting on obesity.
- Develop the local obesity pathway for both children and adults so that ownership and accountability is embedded into all local prevention and treatment action – everyone understands their role and how each partner/organisation links. This requires extensive multi-agency engagement across all sectors.

- Work with the Clinical Commissioning Group to ensure that both primary care and secondary care have a role in identification, brief advice, onward referral and commissioning clinical action.

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