Obesity Health Needs Assessment

January 2024

1. Introduction

1.1 Policy Context

Tackling the obesity epidemic is one of the major public health challenges of the 21st century. The UK Government acknowledged this and in 2020 published a new obesity strategy with policies and legislative measures designed to make the healthy choice the easiest choice and support individuals to lose weight. The policies included action to restrict the sale of unhealthy food next to tills, introducing calorie labelling and providing funding for weight management services. The Government announced that it will ban buy-one-get-one-free promotions on less healthy foods and the advertising of unhealthy foods. The 2020 government strategy built upon the 2018 childhood obesity strategy which set an ambition to halve childhood obesity by 2030.

Preventing and addressing overweight and obesity along with the associated health problems is a priority for Havering Council and the NHS as set out in the *Havering Corporate Plan*,[1] the Havering Health and Wellbeing Board's *Health and Wellbeing Strategy 2019/20–2023/24* and the Havering Place Based Partnership's Interim Health and Care Strategy. [2]

1.2 Purpose and Process

This Obesity Health Needs Assessment sets out key information and evidence to inform the development of a new multi-agency *Havering healthy weight strategy 2024-2029: Everybody's Business; a whole systems approach to preventing overweight and obesity*. It sets out why obesity is an issue that needs urgent attention, the scale of the problem, the evidence for tackling the issue, and recommendations for action. Key sources of information and guidance include the Office for Health Improvement and Disparities (OHID) *Whole System Approach Guide*, the Association for Directors of Public Health (APDH) *What Good Looks Like for Obesity Guide* and OHID's *Place-Based Approach Guide*.

1.3 What is a healthy weight?

Healthy weight for both adults and children is determined by body mass index (BMI). BMI is calculated by dividing body weight by the square of the body height and is expressed in units of kg/m^2. For adults, a BMI between 18.5 and 24.9 is considered healthy. Excess weight is classified by the NHS as an adult living with overweight, obese or severe obesity i.e a BMI ≥25kg/m2. For children, age and gender are also taken into account when calculating BMI and the result is then compared to national datasets of children's BMI to assess whether they are a healthy weight. Children with a BMI between the 2nd and 91st centiles are a healthy weight.

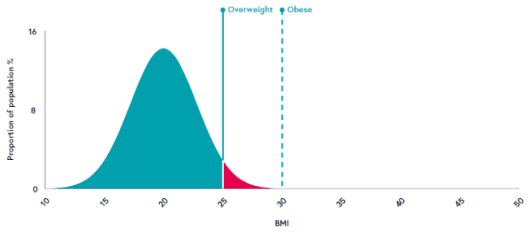
2. Key Findings

2.1 Prevalence: global and national

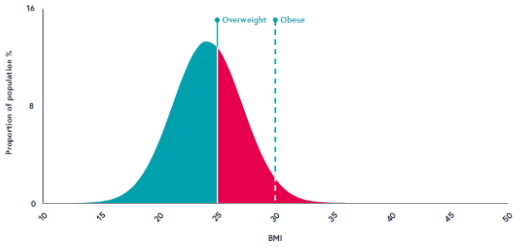
Obesity is a global problem, with adult obesity having increased in every country over the past four decades.[3] Most countries in the G20 have seen an increase of 11%-25% in rates of obesity.[3] No country has reversed increases in obesity; although some cities are using methods to help curb its rise.

Table 1: Trends in overweight and obesity prevalence

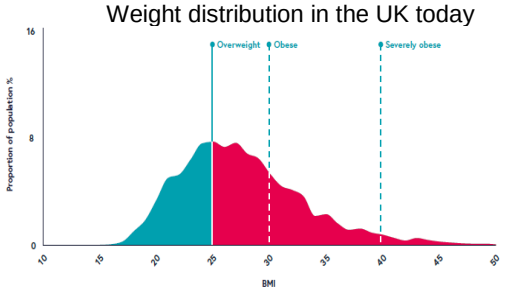
Weight distribution in the UK in 1950 [4]

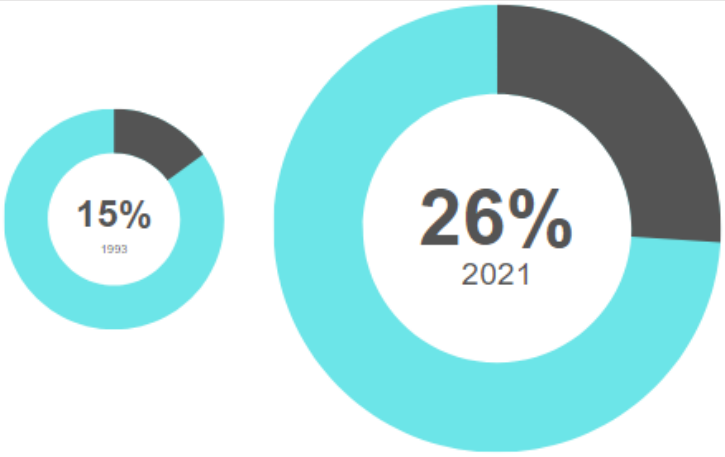


Weight distribution in the UK in 1980

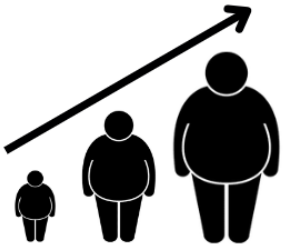


Weight distribution in the UK today





In England, the proportion of obese adults has increased from 14.9% in 1993 to 26.0% in 2021.[5]



Cancer Research UK suggested that **36%** of the population would be obese by 2040.[6] If trends continue then the combined prevalence of overweight and obesity may reach **71%** by 2040.[7]

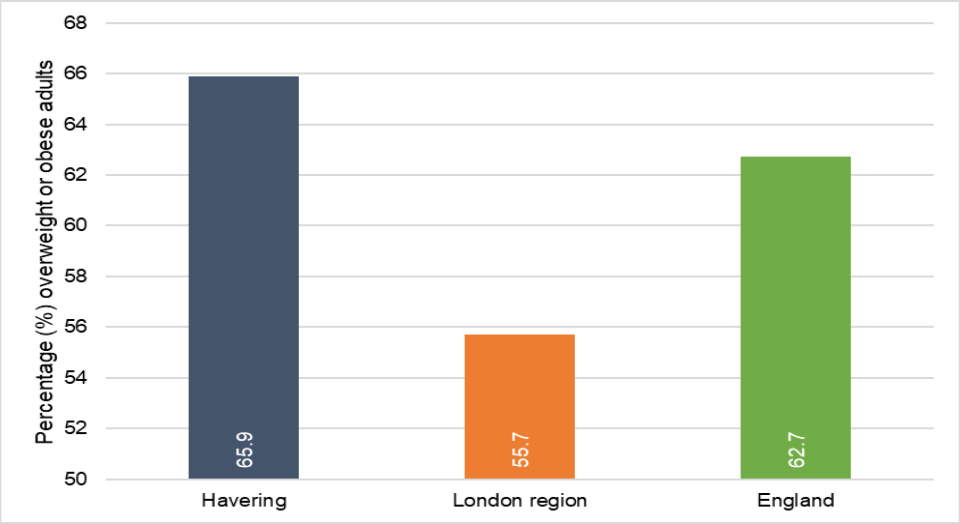
2.2. Prevalence of adult overweight and obesity in Havering

In 2021/22, it was estimated that 60% of adult residents in Havering were overweight or obese (collectively referred to as excess weight). This was higher than the London average (56%) but lower than the England average (63%).[8]

For the 5-year period between 2017/18 – 2021/22, the average rate of overweight and obesity for Havering adults was 65%, this was above the London average (55.7%) and one of the highest in London; and above the England average (62.7%).

For 2021/22, it is estimated that 24.9% of Havering adults (aged 18-64) were obese; above the London average (19.7%) but below the England average (25.9%).[9] Trend data shows Havering is consistently above the London and England average and is following the rising England average.

Figure 1: Average estimated prevalence (%) of adults (18+) classified as overweight or obese, 2017-22



Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2022

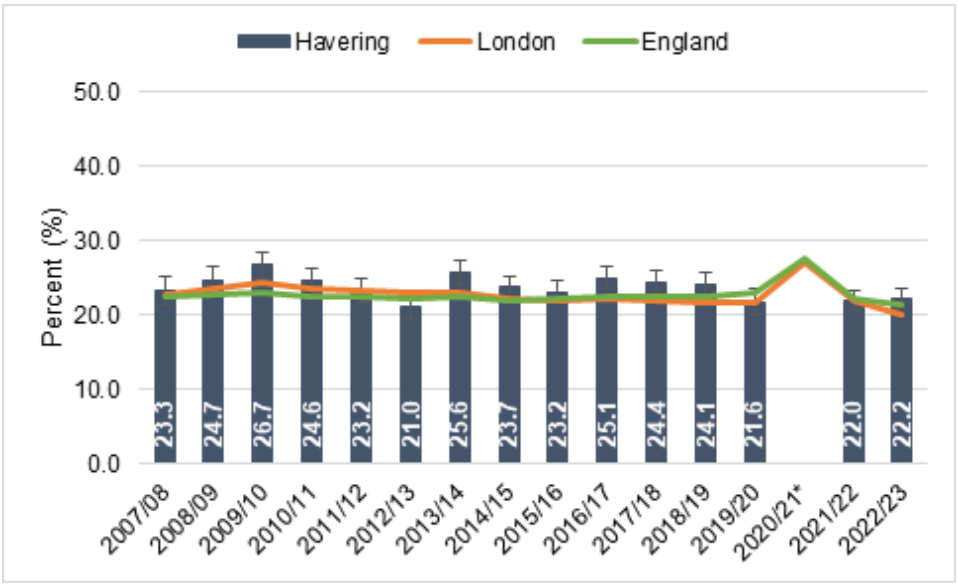
2.3 Maternal Overweight and obesity

Data for England for 2020 shows that at the start of pregnancy 46% of women are at a healthy weight, 28% of women are overweight and 22% of women are obese.[10]

2.4 Prevalence of overweight and obesity in reception aged children in Havering

For the period 2022/23, 9.7% of Havering children in reception year (aged 4-5 years old) were obese, and 12.5% were overweight, similar to London and England averages.[11]

Figure 2: Prevalence (%) of Reception aged children (aged 4-5) classified as overweight including obese comparing Havering, London and England, 2007-23



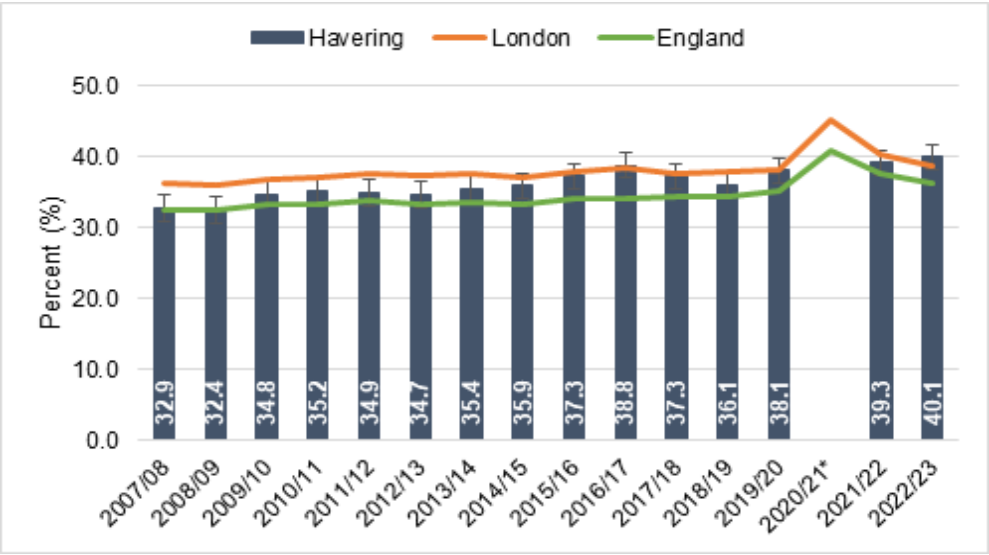
* Data collection for the National Childhood Measurement Programme was interrupted during 2020/21 due to the COVID-19 pandemic. This resulted in insufficient data being collected at local authority level, for both reception and year 6 aged children.

Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2023

2.5 Prevalence of overweight and obesity in year 6 aged children in Havering

For the period 2022/23, 25.2% of Havering children in year 6 (aged 10-11 years old) were obese, and 14.9% were overweight. Prevalence and trend data for Havering shows that levels of overweight and obesity in Havering are similar to the London and England averages with rates rising everywhere.[12] The London region has one of the highest prevalence of overweight and obesity for children in the country. For Havering children in year 6 childhood obesity has increased by 20% over the last 15 years. Evidence suggests that where children are obese at age 10-14, 80% will become obese as adults.[12]

Figure 3: Prevalence (%) of Year 6 children (aged 10-11) classified as overweight including obese comparing Havering, London and England, 2007-23



* Data collection for the National Childhood Measurement Programme was interrupted during 2020/21 due to the COVID-19 pandemic. This resulted in insufficient data being collected at local authority level, for both reception and year 6 aged children.

Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2023[1]

[1] Further analysis of obesity statistics at all ages is available by the UK Government on fingertips.phe.org.uk

2.6 Inequalities

Health inequalities are the systematic, unfair, and avoidable differences in health between different groups of people.

Table 2: Inequalities in overweight and obesity prevalence in children and adults

Sex

Boys are more likely to be overweight or obese than girls. [11] [12]

Men are more likely to be overweight but woman more likely to be obese. [8] [9]

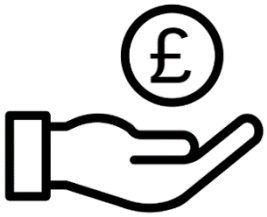
Ethnicity

Among reception aged children (aged 4-5 years old), collectively, Black ethnic groups have the highest prevalence of obesity.[11]

Among year 6 aged children (10—11 years old), collectively, Black ethnic groups have the highest prevalence of obesity. [12]

In adults, people in Black ethnic groups have the highest rates of excess weight, followed closely by White British.[8]

Disadvantage



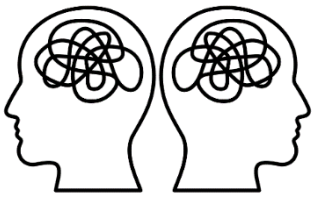
Data from the NCMP and NHS health check programme show that, on average, individuals who live in areas of greater disadvantage have a higher weight than those who live in more advantaged areas.[13]

Disabilities

In people with disabilities, excess weight is 12 percentage points higher than among those without disabilities.[5]

Individuals with a learning disability are more likely to be severely obese than those without a learning disability.[14]

Mental illness



It is estimated that the prevalence of overweight and obesity among those with severe mental ill health may be double that of the rest of the population.[15]

Older age groups

People aged 45-74 are more likely to be overweight or obese than other age groups. [8] [9]

National evidence for England found that rates of obesity are highest in areas of greatest disadvantage, children growing up in these areas are more at risk of obesity.[13]

Figures 4 and 5 show the rates of excess weight among Havering children by ward and figure 6 shows levels of deprivation by ward. The highest rates of excess weight among children in reception year (ages 4-5) are in Gooshays, Heaton, South Hornchurch and Rush green & Crowlands wards. For children in year 6 (ages 10-11), the wards with the highest rates of excess weight are Beam Park, Rainham and Wennington followed closed by Gooshays and Hacton. The maps illustrate the association between higher levels of excess weight and wards of greater disadvantage.

Figure 4: Percentage of excess weight among children aged 4-5 by ward 2019/20-2022/23

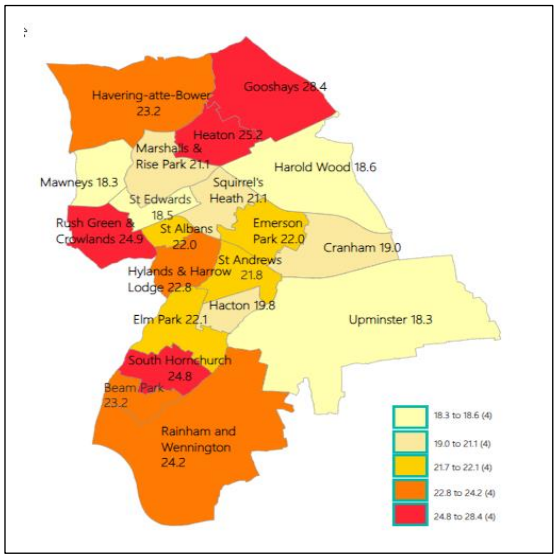
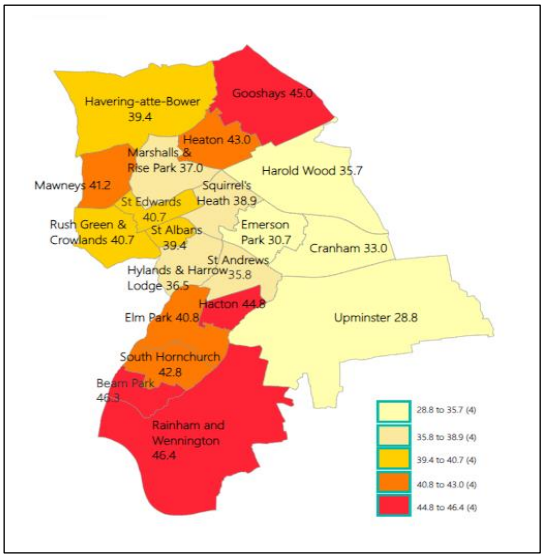
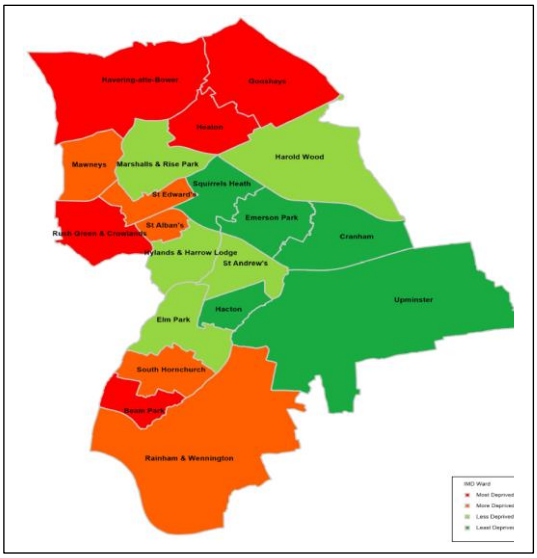


Figure 5: Percentage of excess weight among children aged 10-11 by ward, 2019/20-2022/23



Data Source: National Child Measurement Programme (NCMP) 20 - 23 OHID.

Figure 6: Map of Havering showing the English Indices of Deprivation 2019.



Data Source: Ministry of Housing, Communities & Local Government. 2019.

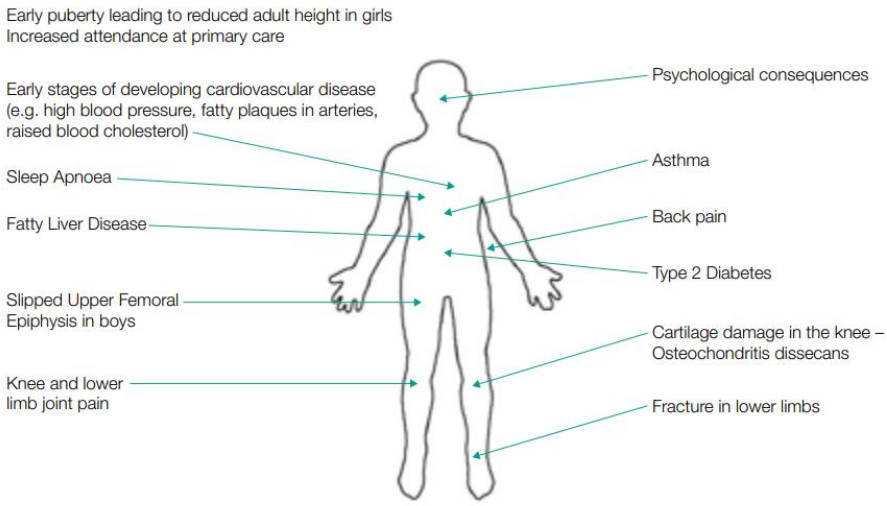
2.7 The impact of overweight and obesity

Obesity causes long-term illnesses and cuts lives short. Excess weight also has further social and economic impact.

2.7.1 The impact of overweight and obesity in children

Children with obesity are more likely to experience a range of health problems during childhood. This can lead to prolonged periods of illness and a shorter life expectancy compared with children of a healthy weight. Children living with obesity are now beginning to develop associated physical diseases previously usually only seen in adults.[16]

Figure 7: The effects of obesity on children's physical and mental health



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

Table 3: The impact of overweight and obesity on children's physical, mental and social wellbeing

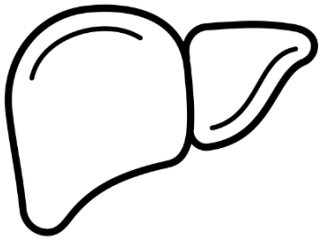
Type 2 Diabetes

Until recently type 2 diabetes was considered an adult disease but is now presenting in children. When type 2 diabetes presents earlier in life it tends to be a more severe condition than when presented in adult life, with more rapid progression to complications and failure of oral treatment.[16]

Asthma

Experts believe obesity has a causal role on asthma and can exacerbate the condition.[16] Asthma is associated with higher school absence. [16]

Fatty Liver Disease



Fatty liver disease is increasingly reported in children and is nearly exclusively seen in children with overweight or obesity.[16]

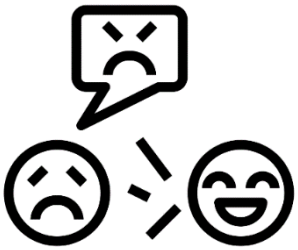
Heart disease

Children are now beginning to develop early signs of heart disease such as having high blood pressure and altered blood cholesterol levels and raised fasting blood glucose.[16]

School attendance

Children with excess weight are more likely to be absent from school compared to those with healthy weight.[17] There is emerging evidence showing an association between obesity and poorer educational attainment.[18]

Bullying

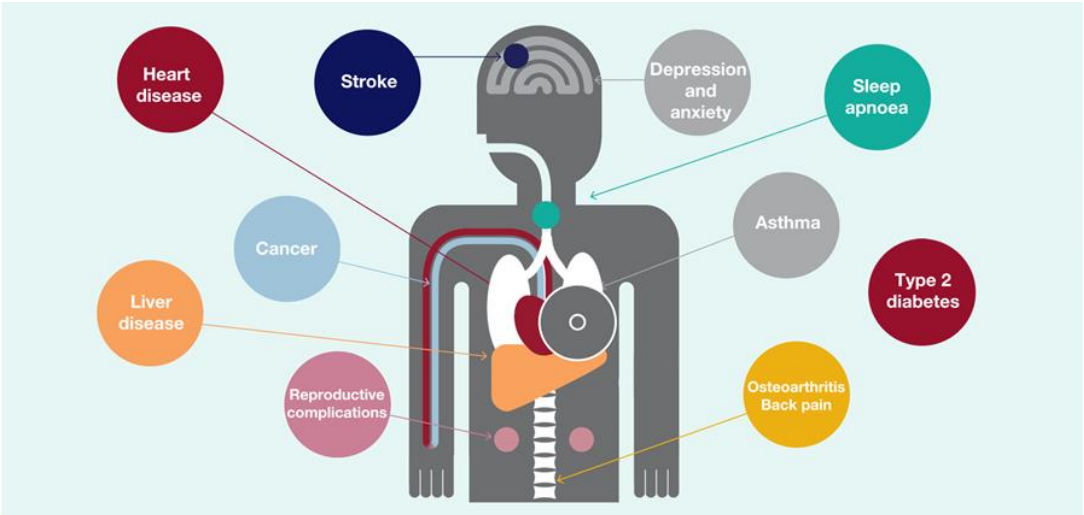


Obesity can lead to stigmatisation and bullying which has been found to result in lower self-esteem and can impact emotional and behavioural development. [16]

2.7.2 The impact of overweight and obesity in adults

Overweight and obesity can lead to significant physical and mental health issues for adults across the life course and into old age.

Figure 8: The effect of obesity on adults' physical and mental health



Source: Office for Health Improvement & Disparities. Adult Obesity: applying All Our Health

Table 4: The impact of adult overweight and obesity on physical, mental and social wellbeing and on society

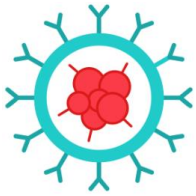
Life Expectancy

Obesity can reduce life expectancy by an average of three years or by 8-10 years with severe obesity.[19]

Diabetes

In the UK, Type 2 diabetes prevalence is the highest it has ever been.[20] Obesity accounts for 80-85% of a person's risk of developing type 2 diabetes.[21]

Cancer



Obesity is the second biggest preventable cause of cancer in the UK after smoking.[22]

Dementia

Individuals who are obese are a third more likely to develop dementia compared to those with a healthy weight.[23]

Mental wellbeing

People with overweight and obesity are more likely to experience stigma and discrimination.[24] Being overweight or obese is associated with poor psychological and emotional health.[24] There is a bi-directional relationship between mental health and obesity.

Workplace impact

High obesity levels impacts the economy through lost productivity and people being unable to work. Individuals who are obese are less likely to be in employment than people of a healthy weight. [24]

Costs of obesity to society

A 2022 study estimated obesity costs the UK approximately £58 billion per year, including the NHS cost of treating associated illnesses, social care cost, costs to the individual, and costs to business due to loss of productivity. [25]

Hospital and GP visits

Higher body mass index (BMI) significantly increases the risk of hospital admission and morbidly obese individuals make significantly more visits to the GP and hospital than those of a healthy weight.[26]

Cost of obesity to the NHS

It is estimated that the NHS spends £6 billion per-year on obesity-related health care. This figure is expected to rise to over £9.7 billion each year by 2050; the total NHS budget was £168.8 billion for 2023/24. [27] [28] [29]

Adult social care

Individuals who are severely obese are three times more likely to need adult social care than people of a healthy weight. [30] Social care requirements for very obese people are costly, including, for example, housing adaptions and additional carer provision.

2.8 Causes of overweight and obesity

2.8.1 Individual behaviour

Consuming high amounts of energy, particularly from foods high in fat and sugar, and not using all of the energy through physical activity, means that much of the extra energy will be stored as body fat. [31]

Most people know what a healthy lifestyle looks like. More than 90% of us know we should restrict our intake of foods that are high in fat, sugar and salt (HFSS) and 99% know eating fruit and vegetables is important for a healthy lifestyle. [32] [33] The majority of people know what is a healthy diet; 78% understand that their diet impacts their health and an even greater proportion think it is important to eat a healthy diet.[34] However, like the rest of the UK population, the majority of Havering residents do not achieve a healthy lifestyle.

Table 5: Healthy behaviours in children and adults

Fruit and vegetable consumption

18% of children in England eat the recommended five portions of fruit and vegetables a-day [35]

31% of adults in Havering eat five portions of fruit and vegetables a-day compared to 32% in London and 33% in England [35]

Physical activity levels

43% of Havering children meet physical activity guidelines, compared to 46% in London and 47% in England [36]

61% of adults in Havering meet physical activity guidelines, compared to 67% in London and England[36]

It is now accepted that obesity is the result of a complex web of causes and that individual behaviour alone cannot explain the global trends of increasing rates of overweight and obesity, nor is it the case that people have less willpower or that there is biology significantly different to that of previous generations.[26] [37] The problem is largely due to how people now live; in places which make it easier to consume high calorie foods and be less physically active. These changes have exposed a general underlying biological tendency to both put on weight and retain it.[37] The biological tendency is that the appetite system in some individuals is finely tuned to meet energy needs, however, in other individuals it is poorly tuned, making them susceptible to obesity.[37]

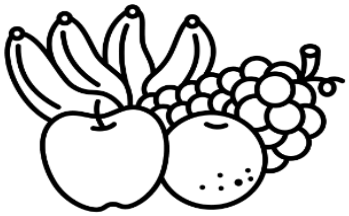
2.8.2 The role of the environment: where we live, work and play

Evidence and expert opinion now point to extreme changes in the wider environment as the main drivers of overweight and obesity over recent decades. These changes have influenced how and where we buy food, what types of food we eat, and how much we move around during the day.[37]

The influential 2007 Foresight Project Report *Tackling Obesities: Future Choices* described obesity as a multi-causal problem; the outcome of a complex web of social, cultural, environmental, biological and psychological factors that influence how people live today.[37] The report identified over 100 factors (or wider determinants) which influence what types of food are eaten and how much physical activity is taken.

Table 6: Factors in the environment influencing dietary choices and physical activity levels

Cost of healthy food



Healthy food is nearly 3 times more expensive per calorie than less healthy food.[4]

Deals on unhealthy foods

Promotions on unhealthy foods **are effective at getting people to buy more than they need or intended to buy**. [38]

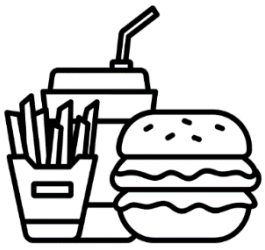
Ultra-processed food

Ultra-processed food (UPF) now accounts for over **50%** of UK diets compared to 14% in France and 13% in Italy.[4] UPF are typically formulations of five or more ingredients, include many additives and ingredients that are exclusive in industrial use i.e not in home cooking. UPFs often have a higher content of total fat, saturated fat, added sugar, energy density, and salt, along with a lower fibre and vitamin density.

Marketing

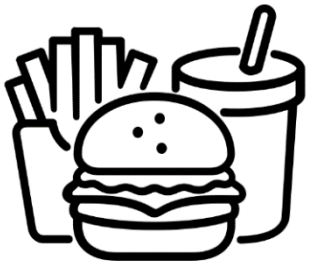
The UK food industry spends hundreds of millions of pounds annually advertising unhealthy foods while **the government spends £5 million on its healthy eating campaign**. [39]

Fast food outlets



In **the most disadvantaged areas, almost one third of food outlets are for fast food** compared to over one fifth in more advantaged areas.[19]

Local fast food availability



In 2017, there were **97.1 Fast food outlets per 100,000 people in Havering,**[40] the average for England was 96.1 per 100,000 people. Havering has the 4th highest rate among the 19 outer London boroughs. Rates are highest in popular tourist areas but Romford Town Ward ranked 12th highest out of 679 wards in London.

Active travel

Havering ranks 31st out of 33 London local authorities for healthy streets: Healthy streets is based on a scoring system of 10 indicators which support active travel. [41]

School Streets

Havering has 13 school streets which help to make it safer for children to walk, cycle or scoot to school.

The above illustrate the role of the places we live, work and play in creating the circumstances that encourage overweight or obesity; places can make it easier, or more difficult, to make healthy choices.

Living in a place where the circumstances make it more difficult to make healthier choices has been described as akin to pushing a ball uphill. An individual can be motivated and knowledgeable about making changes to achieve a healthy weight, but circumstances make it harder to do so. To be effective in changing population weight levels, the circumstances (the system/environmental determinants) needs also to change; to one that makes healthier choices the easier choices; in effect the hill needs to be removed.

Figure 9: The complex system of the person, ball and slope.

Source: Wilderink, L., et al. (2022). A Theoretical Perspective on Why Socioeconomic Health Inequalities Are Persistent: Building the Case for an Effective Approach

2.9 Addressing the root causes by taking a whole systems approach

Traditional approaches to addressing population levels of overweight and obesity have focused on supporting individuals to change their behaviour through education. While there is a role for these interventions, addressing population levels of obesity needs to address the circumstances where people live, work and play, and make it easier to make healthier choices.

The 2007 Foresight Project Report *Tackling Obesities: Future Choices*.[42] [43] [44] sets out the importance of taking an upstream approach by tackling the circumstances (or wider systems) that influence diet and activity and so make the healthier choice the easier choice.[45] A whole systems approach considers the multiple drivers of the problem and the co-ordinated actions needed to solve the problem. In 2017, Public Health England commissioned research into whole systems approaches for addressing obesity at local authority level. Subsequently, the evidence base on the effects of a whole systems approach on population obesity levels has continued to grow, with cities such as Amsterdam and individual states such as Victoria (Australia) who have implemented whole systems approaches recording positive effects on children's weight levels. [46] [47]

In 2019 Public Health England (now Office for Health Improvement and Disparities (OHID)) went on to publish guidance on how to develop a whole a systems approach for tackling obesity.[48] It describes the role of the local authority as the facilitator; being in a uniquely influential position to (a) lead communities and local partners to tackle obesity, and (b) in shaping the local area. The guidance recommends working through a six step circular process which is refreshed as the system is developed and moves forward.

A systems approach takes considerable investment and many years before outcomes such as those achieved in Amsterdam can be similarly reached. [2] [49] Further guidance has been published by the Association of Directors of Public Health which identifies seven principles of

[2] The percentage of children in Amsterdam aged two to eight with overweight or obesity fell from 21% in 2012 to 18.7% in 2017. From 2012-2015, no additional budget was allocated to the programme, in 2015 annual funding of €2.5 million was assigned to the programme.

What Good Looks Like for a systems approach, together with a short-term self-assessment matrix which acts as a proxy indicator for changes in population levels of obesity.

1. Systems leadership
2. A long-term whole systems approach
3. A health-promoting environment
4. Community engagement
5. Focus on inequalities
6. A life course approach
7. Monitoring, evidence, evaluation and innovation

2.10 A whole systems approach: one part of the system at a time or a place based approach

There are two ways to implement a systems approach; either addressing different themes of the system one at a time (as per the OHID Whole Systems Approach guide), or a place-based approach which is addressing the full system of a particular locality/neighbourhood. Both approaches have their merits and risks but both approaches require long-term support to achieve change. The Whole System Approach Guide and anecdotal evidence from key developers of the PHE guide is to follow the direction of the system when choosing which approach to take. This means identifying where there is change or action already or beginning to take place and capitalise upon this and work with direction of change.

2.10.1 Theme based approach

A theme based approach means taking one part of the system at a time and changing the circumstances from overweight-promoting to one that promotes a healthy weight. This could mean working on the fast food theme and addressing causes of high consumption such as availability or marketing of fast food. Once everything possible has been done in that part of the system, then attention moves to another part of the system.

Anecdotal evidence from some local authorities who have taken a theme based approach is that they are not witnessing positive population changes in overweight and obesity outcomes in the earlier years although they are achieving change on some of the circumstances / factors that cause obesity.

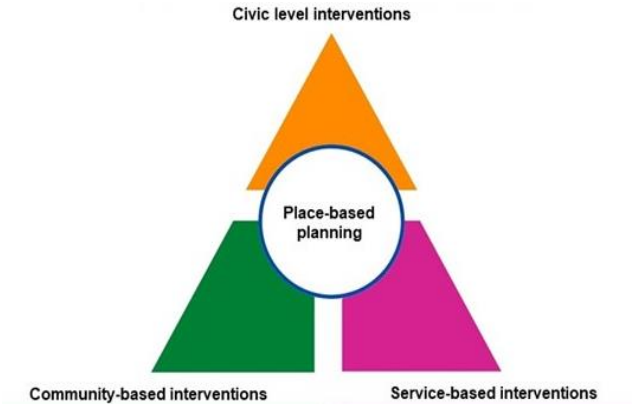
The theme based approach is likely to achieve significant change in some of the factors that cause obesity within the lifetime of a five-year strategy but will require more time to change population overweight and obesity status.

2.10.2 Place Based Approach

A place-based approach aims to address all parts of the system at the same time. There is a growing pool of research showing this to be an effective evidence-based method for both addressing health inequalities and improving population health outcomes.[50] Depending on the intensity and pace of change a place-based approach may achieve a change in population overweight and obesity levels in a five-year cycle.

OHID developed the population intervention triangle which illustrates considerations for a place-based approach.

Figure 10: *The population intervention triangle*



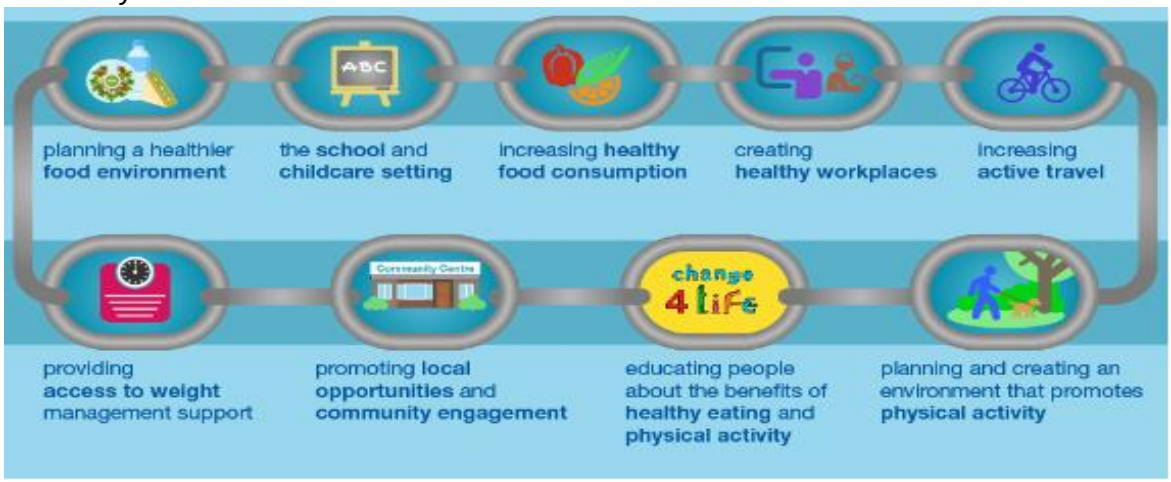
Source: Local Government Association and the Office for Health Improvement and Disparities, 2021. Place-based approaches for reducing health inequalities

2.11 Developing a place-based whole system approach action plan

Delivering a place-based approach will need to take into account the full range of causes of obesity. An effective action plan should reflect the system approach, by aligning with work that is taking place such as, for example, actions on preventing and mitigating against climate change, and regeneration plans.

When developing an action plan, attention should be paid to using all available levers and action across the system to influence obesity outcomes, including legislation, regulation, fiscal measures, service based, partnership working, communications and marketing (as shown in Figure 11). A whole system approach works to change the current system into one where the healthier option is the easier option and support those who are looking for information and guidance to lose weight, by providing education and access to weight management services.

Figure 11: Common areas of obesity activity identified as part of a whole systems approach to obesity



Source: Public Health England. 2019. Health matters: whole systems approach to obesit

3. Recommendations

3.1 Implement a Whole System Approach

Recommendation 1 is that the Council and NHS work with stakeholders, including residents, to convene and implement a Borough-level place-based whole systems approach for tackling obesity in the borough, and develop an action plan that addresses the multiple causes of obesity, as well as providing support for those who are looking to lose weight. The aim should be to reshape the places where people live, work and play so that these places become health-promoting environments.

3.2 Address inequalities

Recommendation 2 is that the Council and NHS work with stakeholders, including residents, to develop a more intensive neighbourhood-level place-based whole system approach where there are inequalities in rates of obesity coupled with greater disadvantage. It is further recommended that the place-based approach commences with a focus on Heaton and Gooshays wards. Both wards consistently have some of the highest levels of childhood obesity, higher numbers of children and higher proportions of Free School Meal recipients, and there are opportunities to embed a place based approach into existing Council and NHS programmes. [51]

It is also recommended that the learning should be taken from implementing the intensive neighbourhood-level place based approach in Heaton and Gooshays wards and so provide learning for a second and subsequent waves of neighbourhood-level place-based approaches in the Borough in the future.

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