

TITLE OF REPORT: Development of a Whole System Healthy Weight Strategy for Gateshead

Purpose of the Report

1. To update on the proposed development of a 'Gateshead Healthy Weight Whole Systems Strategy.'
2. To set out a proposed approach to increase the proportion of the population who are a healthy weight in Gateshead.
3. The paper seeks to gain the support and sign up of the Board to a whole systems approach.

Background

4. Obesity is a key preventable cause of death and disease in the UK and a priority for Public Health. Almost three in four adults in the UK will be overweight or obese by 2035 and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart diseases and 670,000 new cases of cancer.¹
5. Obesity is a complex issue with many drivers, meaning efforts at prevention are particularly challenging (See Appendix 1). According to the UK national obesity strategy, long term sustainable change will only be achieved through the active engagement of schools, communities, families and individuals with action required across government, industry and the Public Sector.

¹ Cancer Research UK & UK Health Forum, Tipping the scales: why preventing economy makes economic sense (2016)

Local authorities are in a uniquely influential position to bring about transformational change in the way that obesity is tackled.²

6. At a time of significant pressure on public spending, the cost of obesity to the economy is huge, for example in the United Kingdom it is estimated to be around £20 billion per year, taking lost productivity and sick days into account
7. In Gateshead over 30% of the adult population are obese and it is estimated that the cost to Gateshead NHS Services from obesity will be £30,459,579 by 2025.³
8. The impacts of societal changes are reflected in this quote from the Foresight Report, 'People in the UK today, don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales. Being overweight has become a normal condition, and Britain is now becoming an obese society'.

The Scale of the Problem

Children and Young People

9. Recent predictions indicate that by 2050, approximately 25% of all young people under twenty years of age are expected to be obese. Obesity in young people is difficult to treat and there is a high risk of persistence into adulthood. Nine percent of children in England are obese when they start school and a further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14% are overweight.³

² Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, Parry V. (2007) Foresight Tackling Obesity: Future Choices Project Report (2nd edition), Government Office for Science, London, UK (www.foresight.gov.uk).

³http://fullfact.org/factchecks/NHS_reforms_David_Cameron_speech_obesity_costs_foresight_Department_of_Health-2732

10. In Gateshead 10.3% of 4-5 year olds (up from 9.5% the previous year) and 23.2% of 10-11 year olds (19.9% the previous year) living in Gateshead were obese in 2015/16. The proportion for 4-5 year olds is similar to the England average of 9.3%. However, the proportion for 10-11 year olds is significantly higher than the England average of 19.8%.⁴
11. Of children attending Gateshead schools, 22.3% of 4-5 year olds and 37.9% of 10-11 year olds were classified as overweight or obese (excess weight). Whilst the proportion for 4-5 year olds is similar to the England average of 22.1%, the proportion for 10-11 year olds is significantly higher than the England average of 34.2%.⁴
12. National Child Measurement Programme (NCMP) data shows that there are more overweight children in areas of socio-economic deprivation compared to more affluent areas. Children living in the 10% most deprived areas are twice as likely to be obese than children living in the 10% least deprived areas.
13. Research shows that children in North East England have extremely low levels of regular moderate to vigorous physical activity, high levels of sedentary behaviour and consume a diet low in fruit and vegetables.⁵ Findings from the Gateshead Millennium Cohort Study indicate that physical activity is in decline from age 7 among boys and girls, challenging previous orthodoxy that it declines in adolescence and suggesting there is a need to understand why this change takes place.⁶

⁴ The National Child Measurement Programme is an annual Public Health programme that measures the height and weight of the majority of children in reception (aged 4-5 years) and year 6 (aged 10-11 years) in England. Participation rates in 2015/16 were 94.8%.

⁵ Basterfield L1, Jones AR1, Parkinson KN1, Reilly J1, Pearce MS2, Reilly JJ3, Adamson AJ1; Gateshead Millennium Study Core Team. Physical activity, diet and BMI in children aged 6-8 years: a cross-sectional analysis. *BMJ Open*. 2014 Jun 5;4(6):e005001. doi: 10.1136/bmjopen-2014-005001

⁶ Farooq MA, Parkinson KN, Adamson AJ et al (2017) Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study *British Journal of Sports Medicine* 0: 1-6. doi: 10.1136/bjsports-2016-096933.

14. Evidence also suggests that there is a complex but important connection between both obesity and emotional health and wellbeing. This emerges during a child's early years, with behavioural issues more prevalent among obese three years olds than their peers. Obese children may be more likely than their peers to experience the burden of psychiatric and psychological disorders into adulthood.⁷
15. The differences in childhood obesity prevalence by socio-economic group are stark, and the gap widens over time. At age five the poorest 20 per cent of children are nearly twice as likely to be obese as the richest fifth; by the time children are 11 they are almost three times as likely.⁶
16. The costs associated with childhood obesity are significant. According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of childhood obesity are estimated at £51 million per year, and long-term costs (including health care and non-health care costs) estimated at £588–686 million.⁸

Adults

17. By 2050, modelling indicates that 60% of adult men, 50% of adult women could be obese. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, transport and sedentary lifestyles.⁹
18. Current data shows that 69.4% of adults in Gateshead have excess weight according to survey data. This is significantly worse than the England average of 64.8%. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.

⁷ Goisis, A, Sacker, A, and Kelly, Y (2016). 'Why are poorer children at higher risk of obesity and overweight? A UK cohort study', *Eur J Public Health*. 26(1): 7–13.

⁸ Strelitz, J, 'Chapter 3: The economic case for a shift to prevention', in Davies, S (ed.) (2013) *Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays*. London: Department of Health.

⁹ McPherson K, Marsh T, Brown M. *Modelling Future Trends in Obesity and the Impact on Health*. Foresight – Tackling Obesity: Future Choices – Government Office for Science, 2007.

19. The 2016 Gateshead Health and Lifestyle Survey highlighted wide variations of adult obesity across Gateshead with the highest levels in the most deprived areas. For example in the most deprived areas of Gateshead, the proportion of obese adults is almost double compared to the least deprived areas. There are also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels amongst 18 to 24 year olds.

20. Physical activity is often described as the most cost effective drug in terms of addressing obesity. In Gateshead, just over half of adults undertake the recommended amount of physical activity, which is similar to the England average. This means that just under half of the adults in Gateshead could improve their health and wellbeing and reduce their risk of developing conditions such as heart disease, if they increase their physical activity.

21. Obesity does not affect all groups equally, for example the rates of excess weight are even higher in adults with severe mental health illnesses and learning disabilities. The latest experimental statistics on the health and care of people with learning disabilities suggests that excess weight is twice as prevalent in adults aged 18-35 years old with a learning disability whilst the prevalence of obesity in individuals with severe mental illness (SMI) can vary depending on the psychiatric diagnosis.¹⁰

Whole Systems Approach

22. In order to tackle obesity effectively we need an approach that involves the whole system, with action at an individual, environmental and societal level. This approach needs to create a culture where healthy weight is the default

¹⁰ Gatineau M. Dent M (2011) Obesity and mental health. Oxford: National Obesity Observatory

for everyone. This will necessitate joint working across planning, transport, housing, business, education and health.¹¹

23. The evidence and economic case suggests that tackling obesity requires a comprehensive, multi-agency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years across the life-course. As yet, no country has adopted an integrated, whole system approach to the prevention of obesity. Yet, based on the UK's strengths in surveillance and public health there is an opportunity for local areas to pioneer a new approach that sets the standard for success.²

24. There is a broad consensus that preventing and tackling obesity effectively requires the development of a sustained 'whole systems approach', with co-ordinated policies and actions across individual, environmental and societal levels involving multiple sectors (including planning, housing, transport, children's and adult's services, education, business and health). The leadership role of local authorities in developing a workable whole systems approach is crucial (please see appendix 1).

25. A set of core principles would include:

- Shared commitment to a long-term, system-wide approaches which redefines the nation's health as a societal and economic issue.
- A radical upgrade in prevention as a high priority.
- Clear leadership, accountability, strategy and management structures and engagement of all stakeholders.
- A long term sustained strategy and approach.
- A focus on continuous improvement

26. A whole systems approach recognises that obesity is the product of a complex web of interacting and changing causes and influences and as such requires a cross sector approach, not just a public health response.

¹¹ Vandenbroeck IP, Goossens J, Clemens M. Foresight Tackling. Obesity: Future Choices—Obesity System Atlas. Government Office

Such a response would combine the efforts of all the partners that can have a bearing on obesity to identify the most important factors and make sense of changing dynamics. This avoids looking at just the individual contributions of each organisation and considers how the whole system works together to be “more than the sum of its parts”.

27. With local authorities responsibilities in health, planning, highways, transport, education, culture, housing, employment, social care and their relationships with businesses of all sizes, they are in a uniquely influential position to bring about transformational change in the way that obesity is tackled.

Long Term Commitment

28. Evidence suggests that to successfully tackle obesity, this requires a long term, large scale commitment. The current prevalence of obesity in the population has been at least 30 years in the making. This will take time to reverse and policy makers note that it will be at least 30 years before reductions in the associated diseases are seen. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small scale interventions will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required.²

29. Gateshead is keen to lead in the development of a whole system approach. This will incorporate an asset based focus with local communities in delivering Public Health outcomes linked to healthy weight across the whole system e.g. transport, planning, Place Shaping, obesogenic environment, policy and local interventions. Our vision is to engage with communities who will influence the whole system approach, supported by the right social and environmental infrastructure to make it easier for communities to improve their health and wellbeing.

30. The issue of obesity vs healthy weight provides a good illustration of how a short term approach can be counterproductive in the longer term.

- If we set short term targets to reduce obesity, we will inevitably focus on treating the problem within those in the population who are already at an unhealthy weight.

- Even if we set long term targets to reduce obesity, we will still focus heavily on people at an unhealthy weight.

- If we set long term targets to increase the proportion of the population at a healthy weight, our efforts are more likely to focus on creating conditions for people to remain at a healthy weight from childhood.

Key Challenges for Gateshead

There are many challenges for Gateshead in tackling the obesity epidemic, below are some key areas for consideration.

31. How do we challenge the Food Industry across the whole system?

There is an obesogenic environment that is powered by widespread availability and the commercially led aggressive Food Industry promotion of high fat and high sugar food and drinks. How do we challenge and influence the Food Industry at a local and national level?

32. How do we challenge the social norms of obesity across the whole system?

We are starting to see a trend where obesity, especially in children, is being seen as the norm due to the high level of obesity prevalence now being seen in children in Gateshead. This highlights the need for a greater degree of education and awareness of the benefits of a healthy weight across all Gateshead communities. Considerable work is still required to re-frame the focus on obesity, to move away from the continued focus on personal shortcomings and individual behaviour change interventions.

33. Addressing the wider determinants of health are essential for tackling obesity, this includes, improvements in mental health, reduced loneliness,

social isolation, increased confidence, social opportunities, safe places to play outdoors, improved community cohesion and connectedness.²

34. How do we develop more local initiatives to promote the healthy weight agenda and address obesity across the whole system, that are driven by the community? Bringing about change from a community led approach is often more challenging in communities with fewer resources who often feel less empowered to provide a healthy positive start in life for their children. A community-driven development approach has tremendous implications for organisations that act as intermediaries between communities and outside institutions. Promoting such an approach requires a commitment to "step back" and allow the community to lead. In the current financial climate Local Authorities (LA's) and partners must consider different ways of working to achieve its public health outcomes and to achieve long term sustainability. Whilst changing behaviour at the community level and creating cultures of participation are thought to offer promising ways of addressing obesity questions and challenges remain about how to do this effectively in practice.

Making it happen

35. The proposal for a whole systems approach, encompassing the development of a healthy weight strategy for Gateshead is underpinned by the following aims overarching principles.

36. Overarching aims:

- In Gateshead everyone is able to achieve and maintain a healthy.
- Promote an environment that supports healthy weight and wellbeing as the norm.
- Supporting our communities and families to become healthier and more resilient, which includes addressing the wider determinants of health.

Overarching Principles

37. A shared commitment to long-term, system-wide approaches which redefine the nation's health as a societal and economic issue.

- Recognition and agreement that to tackle this issue action is required from stakeholders across the whole system.
- A recognition that determinants that contribute to obesity are both diverse and far-reaching in their effects and action is needed to reshape not only the physical and dietary aspects of the environment but also the social, economic and cultural environments.

38. A radical upgrade in prevention of health problems as a high priority, with clearer leadership, accountability and strategy.

- Identifying what needs to be in place in Gateshead to create the optimal obesity prevention system.
- Obesity requires a systematic approach with all stakeholders working together.
- Strong leadership is needed at a senior level from organisations across the whole system, to champion an effective strategic approach to countering the rise in obesity.
- The importance of the connection between people's physical and mental health from childhood through to older age is clear. Moving forward, greater importance needs to be placed on 'preventative and early intervention,' if we are to develop community resilience and improve the physical and emotional health and wellbeing of the population.
- This approach is recommended in order to ensure that Gateshead has a response to obesity in place which covers all aspects of weight management which are relevant to our population and has a strong focus on prevention – both in terms of services and an environmental approach.

39. Engagement of a wide range of stakeholders - The right people across the system

- Progress in reducing the prevalence of obesity will be enhanced by stimulating multi-sector, multi-level action within and beyond the public

health profession. Numerous organisations have already engaged with the obesity agenda locally and further action is needed to build on this and further develop co-ordination and genuine partnership, which would enable greater benefit to be realised.

- It is essential that stakeholders see the value of being involved, and that they see their own role in the system – why it matters to them and what they can contribute to tackling the issues.

40. Long-term sustained strategies

- Just as obesity develops slowly both within individuals and populations, so too will it take time to establish new habits and build new structures to support a healthy diet and to build physical activity into everyday life.
- This important principle also implies the need for long-term strategies spanning several generations and beyond the traditional planning cycle. The introduction of interim targets, and supportive measures will help evaluate progress towards this goal. Commitment and funding needs to be longer term to achieve long term change.

41. Ongoing evaluation and a focus on continuous improvement

- Regular evaluation of policy, surveillance and monitoring will be essential to test the effectiveness of any new approach.
- Continuous improvement also requires monitoring of the social and cultural context and public and organisational beliefs and attitudes towards obesity. •

Next steps

42. How can organisations in Gateshead, use their levers, leadership, evidence and relationships with stakeholders and communities to create a more effective, sustainable, system-wide approach to tackle obesity? The Local Authority acknowledge that support is needed from partners across all sectors in Gateshead, to help drive this work forward.

43. A high level working group to be created to give focus to the whole systems approach for Gateshead for Healthy Weight and to ensure that every service understands the contribution that their work brings to the health of our population. In having senior sign up to the agenda from across the system the healthy weight agenda will become a part of our corporate commitment.

44. The working group will take an overview of the broad agenda and develop a whole systems healthy weight strategy for Gateshead. The membership of the group needs to include representatives from across all sectors in Gateshead and the Voluntary and Community sector have an essential role in this development.

45. The Healthy Weight working group will report progress to the Health and Wellbeing Board through the Director of Public Health.

Recommendations

46. It is recommended that the Health and Wellbeing Board:

- Consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment as part of the whole systems obesity approach.
- To agree to the development of a whole systems healthy weight strategy and action plan, which all partners should sign up to facilitating system wide action.
- For organisation's to nominate a lead from their organisation to attend and progress actions as part of the working group.
- Note and support the planned next steps in developing the whole systems approach.
- Receive an update report in August 2018.

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Appendix 1 -Obesity System Map

Map 0

=Full Generic Map

Obesity System Map
Version 1.8 - 20 November 2006

