



Gateshead
Healthy Weight
Needs Assessment

Executive Summary
July 2018

Executive Summary

1.0 Background

Obesity is a global public health problem and the UK has the highest rate of child obesity in Europe. Obesity is a complex issue influenced by many factors. It is a key preventable cause of death and disease in the UK. 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 disease and 670,000 new cases of cancer. While at an individual level the main causes are poor diet and sedentary lifestyles, the Foresight report (2007) identified over 100 “wider determinants” of individual, and family eating and physical activity habits. (figure 1)¹

2.0 Key Data

2.1 Maternity and Early Years

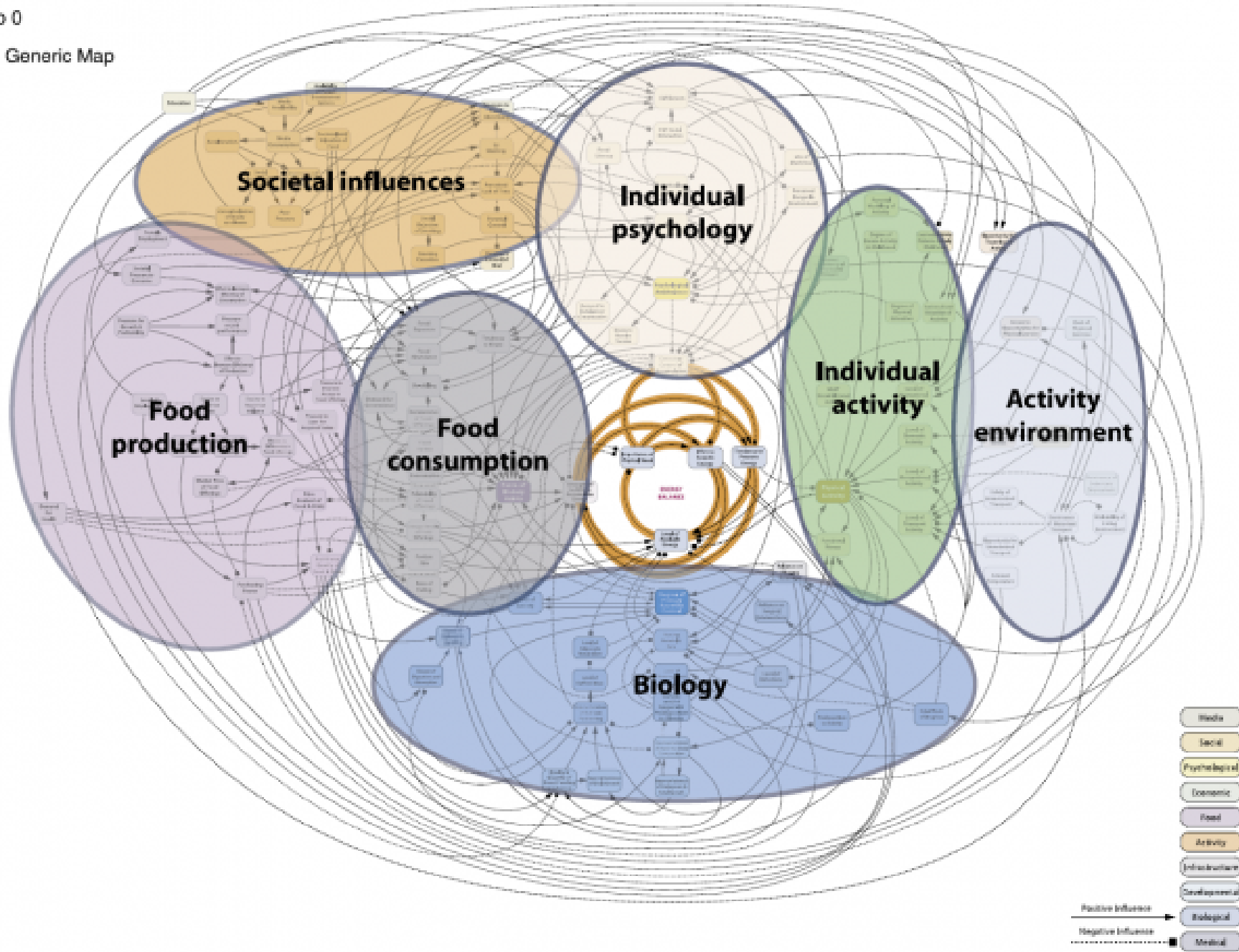
- Booking data for Gateshead Health NHS Trust, shows 20% (340) of women have a BMI over 30 on antenatal booking, 39% (660) of women were classified as normal weight, and 23% (380) of women were overweight.
- Women seen at Gateshead Health NHS Foundation Trust, 22% (170) of 20-29 years olds were obese at their booking appointment this is the highest number of women in this age category who are obese. ²
- There is evidence that maternal obesity is associated with lower breastfeeding rates. For 2016/17 Gateshead performs better than the national average having 75.6% of mothers initiating breastfeeding compared with 74.5% nationally. Gateshead performs better than the regional initiation rate of 59% and is the highest area in the region.
- The drop off rates between initiation and prevalence rates at 6-8 weeks for Gateshead are lower at 36.7% than other areas in the region. The 6-8-week Gateshead rate is higher than the regional rate of 31.3% but lower than the national figure of 43.2%. Gateshead is the third highest of all the regional areas, behind Newcastle at 46.6% and North Tyneside 38.3%.³

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

² Maternity Services Data Set (MSDS), NHS Digital" (2016/2017).

³ http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity/en/

Map 0
Full Generic Map



2.2 Children and Young People

At present the health risks of obesity are more common in adults but the increase in the proportion of overweight and obese children is a major concern.

- Of the 14 indicators for the National Child Measurement Programme (NCMP) for Gateshead, performance trends are positive with 5 indicators showing an improvement, this includes an increase in healthy weight, decrease in obesity and excess weight at 4-5 years (reception) and increase in healthy weight children and participation rates (10 to 11-year olds).
- Reception children in Gateshead have some of the lowest prevalence for obesity and excess weight in the North East, however when children reach Year 6 data Gateshead has some of the highest rates of obese and excess weight children in the North East.
- Gateshead has the 2nd lowest prevalence of overweight 4-5-year olds (12.5%) olds in the North East (14.8%). However, this is the first increase in overweight prevalence in the last 2 periods of data for Gateshead.
- Year 6 recent data shows the lowest level of year 6 pupils classed as overweight since availability of the data and is the 2nd lowest rate in the North East. This is continuing a trend which shows an increase one year immediately followed by a similar or larger decrease the following year
- For the new severe obesity indicator, both Reception (3.35%) and Year 6 pupils (6.03%) are significantly higher than the England prevalence's and for both indicators. Gateshead is in the highest 15 local authorities in the country for this indicator. ⁴

2.3 Deprivation

The burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and by age 11 they are three times as likely. For Gateshead the data for reception and year 6 NCMP data shows the link between excess weight and children living in areas of deprivation e.g. Bridges, Bensham and Lobley Hill (based on IMD 2015).

2.4 Adults

- Current data shows that 69.0% of adults in Gateshead have excess weight (overweight and obese) according to survey data (2015.2016). This is significantly worse than the England average of 61.3% and regional average of 66.3%. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.⁵
- Based on the Active Lives, Sport England survey data in England (2016/17), only 66% of adults report that they undertake the recommended 150+ minutes of physical activity each

⁴ National Child Measurement Programme 2014/15-2016/17

⁵ Active Lives Survey, Sport England, 2015/16 (Health Profiles website)

week; in the North East this is even lower at 64% and for Gateshead 63.2% (please note the caveat that this is self-reported activity).

3.0 Wider Influences on Obesity

Around a third of fast food outlets in England are found in the most deprived communities. Fast food outlets account for more than a quarter (26%) of all eateries in England. In 2017, there were 56,638 takeaway outlets in England, a rise of 8% (4,000 restaurants) in the past three years, according to Ordnance Survey data.

Gateshead has the fifth highest rate of fast food outlets per 100 000 population in the North East (160.5 per 100,000), and is above the England value of 96.5 outlets per 100 000. There is variation in numbers of outlets between wards in Gateshead. The presence of fast food outlets in the Metro Centre gives Whickham North the highest concentration (29 fast food outlets), followed by Bridges (26 fast food outlets), Birtley (21 fast food outlets) and Felling. (20 fast food outlets). Overall, less advantaged areas have proportionally more hot food outlets than more affluent areas. Nationally Gateshead has the 25th highest proportion of fast food outlets per 100 000 population. ⁶

4.0 At Risk Groups

According to research, the following sectors of the population are at considerably higher risk of developing obesity, with an associated increase in the incidence and prevalence of related comorbidities:⁷

Groups with additional risk of obesity

Children and Young People
People from more deprived areas
Older age groups
Some black and minority ethnic groups (BME)
Adults and children with disabilities.
Pregnancy
People with a mental health condition
People with learning disabilities

5.0. The Consequences of Obesity

There is strong evidence to show that adult obesity is associated with a wide range of health problems which include type 2 diabetes, coronary heart disease, some types of cancer (such

⁶ PHE analysis of fast food outlets, June 2018 <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

⁷ Public Health England (2015) Making the case for tackling obesity – why invest?

as breast cancer and bowel cancer) and stroke. Obesity can also impact on people's quality of life and lead to psychological problems, such as depression and low self-esteem.⁸

National modelling indicates that NHS costs attributed to overweight and obesity in Gateshead are estimated to be £68.7 million per annum for 2015 (based on 2015 figures) and is likely to be significantly more. On top of the costs to health and social care, obesity imposes a considerable wider economic burden through reduced productivity, increased sickness absence and increased sickness benefit claims. Nationally, these have been estimated to be in the region of £40billion.

6.0 What currently works?

The evidence base on effective action to tackle obesity remains weak, and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempt to solve the real problems underpinning obesity).

These approaches require the involvement of all organisations from across local systems that tackle the determinants for obesity and look at whole population approaches that tackle the obesogenic environment.

7.0 Recommendations

Obesity is widely recognised as a wicked issue with evidence suggesting that it will not be resolved through technical responses but requires a joint approach from multiple agencies with a long-term perspective. It is an issue that affects all people in all sectors and is a collective, system wide responsibility. These approaches require a collaborative approach at a place level which aims to tackle the determinants for obesity and look at whole population approaches that tackle the obesogenic environment. For Gateshead 5 high level recommendations are outlined:

1. Develop a Local Healthy Weight Declaration.
2. Develop a long term and sustainable whole place approach identifying clearly priorities for local delivery.
3. Prioritise work to address health inequalities through proactive work to target groups at greater risk
4. Ensure an appropriate balance between population-level measures and more targeted interventions and approaches. Population approaches include:
 - a. Design of the built environment to promote walking and active transport
 - b. Build health into infrastructure through careful investment
5. Seek to reduce exposure to an obesogenic diet by focusing on the availability of energy dense foods and sugar-rich drinks, changes in procurement and innovative changes in advertising and promotion.
6. Encourage robust community led interventions to tackle obesity at a place level

⁸ Royal College of Paediatrics and Child Health –Tackling England's childhood obesity crisis, October 2015, p.4