

TITLE OF REPORT: **Review of healthy weight (across the life course)**

REPORT OF: **Director of Public Health**

SUMMARY

This report gives details of the evidence gathering session that will take place on 31st January. The views of the Committee are being sought on the evidence presented and the next steps.

Background

Families Overview and Scrutiny Committee have agreed that the focus of its review in 2018-9 will be healthy weight across the life course.

The review will help the Committee to consider and understand the complexity of the agenda. The causes of obesity are indeed complex and it is important to strive for a balanced perspective about the roles of the individual and the environment and influences, to which they are exposed. There is no simple solution and an approach that involves action at an individual, environmental and societal level needs to be explored further.

Purpose of this session

The scoping report agreed by OSC on 14th June 2018 described the complexity of the obesity agenda and also highlighted that:

- The evidence base suggests that to tackle obesity effectively we need an approach that involves the whole system.

- The local authority is uniquely positioned to lead consideration of a range of factors influencing the healthy weight agenda that can be tackled by joint working. Successfully tackling obesity is a long-term 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 it is reported that it will 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 will not be sufficient to reverse this trend. Significant effective action to prevent obesity which takes account of the social, economic, environmental, commercial and political determinants is required. Action should be taken at a population level.

This third evidence gathering session on the 31st January will build on previous sessions and we will hear a presentation from:

- **Professor Tim Townsend, Newcastle University on our ‘Toxic high streets’ and the impact upon healthy weight and communities.**

The presentation from our expert speaker will include:

- The growing evidence base that suggests our high streets are bad for our health and for the obesity epidemic. Are some shopping streets in poorer neighbourhoods harmful to physical and mental health, including obesity? There is a growing body of research, which suggests that many contemporary urban environments do not support healthy lifestyle choices and are implicated in the obesity pandemic. There is a complex web of societal, behavioural and environmental factors that make it increasingly difficult for most of us to maintain a healthy weight. This presentation provides detail on the evidence around exposure to unhealthy shops and services and how this may impact on communities. Research has established links between the proliferation of fast food takeaways and obesity in older children.
- Shaping the environment to better support healthy decisions has the potential to be a key aspect of a successful obesity prevention intervention. How can

we further explore restrictive planning policies and work proactively with urban designers/planner to fundamentally rethink the environment in terms of what we offer communities?

Background

This paper provides a broader context and background to the presentation on the impact of the obesogenic environment - “an environment which promotes weight gain, and which is not conducive to weight loss”. Obesity is one of the most serious public health challenges of the 21st century, impacting on people’s lives now and across all age groups. It is closely linked with a range of conditions that reduce quality and length of life, including heart disease, stroke, type 2 diabetes, liver disease and some cancers in adults.

It is also associated with bullying in children and stigma in both adults and children and is therefore also linked with common mental health disorders. The diets of typical British families pose a significant threat to their health with two thirds of their calories coming from highly processed foods many of which are low in fibre and high in fat, sugar and or salt. Action is needed to reduce the health, wellbeing, economic and social costs associated with obesity, and to address the inequality that results from this.

Public, political and media conversations are dominated by a persistent idea that the problem is driven by individual choice. This misplaced focus on individual’s increases stigma by placing attention on the behavioural decisions of those who are overweight and obese rather than on the context in which decisions are made. For instance, the discussion is almost always about the responsibilities of individuals and very rarely about the responsibilities of corporations to their customers or wider society. Interventions to tackle obesity have therefore often tended to require individuals, often those who are least able, to take high levels of personal responsibility and action, and result in poor results and increased inequality.

A more balanced view is that this is a complex societal problem primarily driven by the environment we live in, which by its nature tends to cause obesity (an obesogenic environment). Focusing on modifying this obesogenic environment at the community and policy level can have a greater impact at population level. Certainly, that is not to

say the actions of individuals aren't an important factor in overweight and obesity, but rather to highlight that this is not the full picture and while it is convenient to focus on this, to do so serves little purpose other than to provide a platform for allocating blame.

What is an obesogenic environment?

Personal responsibility does play a crucial part in weight gain; however our human biology is constantly being overwhelmed by the effects of today's 'obesogenic' environment. This is a term used to describe how we live in an environment that encourages weight gain and obesity through an abundance of energy dense food, clever marketing that disproportionately focuses on the promotion of energy dense options, motorised transport and sedentary lifestyles. Environmental factors may operate by determining the availability and consumption of different foodstuffs and the levels of physical activity undertaken by population (Foresight Report, 2007)¹.

The 'obesogenicity' of an environment has been defined as 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations' (Lake & Townsend, 2006)². There is a complex web of societal, behavioural and environmental factors that make it increasingly difficult for most of us to maintain a healthy weight. People in deprived neighbourhoods live shorter and unhealthier lives than those in less deprived ones. Socio-economic status alone does not explain the difference and there is increasing evidence that the physical environments in which people spend their lives are implicated in health disparities³.

'The choices we make are influenced... by the day to- day pressures we face, the behaviour of those around us, the sort of neighbourhood we live in and the prevailing culture relating to food and physical activity which favours overconsumption and inactivity'⁴. Obesity has been described as a 'normal response by normal people to an abnormal environment'⁵.

¹ Tackling Obesities: Future Choices. Foresight. Government Office for Science, 2007.
<https://www.gov.uk/government/publications/reducing-obesity-future-choice>

² Lake, A., & Townshend, T. (2006). Obesogenic environments: exploring the built and food environments. *Journal of the Royal Society for the Promotion of Health*, 126(6), 262–267.
<https://doi.org/10.1177/1466424006070487>

³ Tim G. Townshend (2017) Toxic high streets, *Journal of Urban Design*, 22:2, 167-186, DOI: 10.1080/13574809.2015.1106916

⁴ Healthy Lives, Healthy People: A Call to Action on Obesity in England. HM Government, 2011, p.19.
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

⁵ Urgently needed: a framework convention for obesity control'. *The Lancet*, 2011, Vol. 378 (9,793), p. 741.

The Built Environment and Health

The linkages between health and the built and natural environment have long been established and the role of the environment in shaping the social, economic and environmental circumstances that determine health is increasingly recognised⁶. For example, the built and natural environment of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.

An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes. However, it is important to recognise that the causal links between built environment and health are often complex, in that they are influenced by numerous, sometimes conflicting, factors⁷.

A recent Public Health England review paper outlined five aspects of the built and natural environment which are the main characteristics that can be influenced by local planning policy. These aspects of the lived environment can be designed and shaped, by planners and other professionals, in order to promote certain health outcomes⁸.

- neighbourhood design
- housing
- healthier food
- natural and sustainable environment
- transport

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2961356-1/fulltext>

⁶ Lake, A., & Townshend, T. (2006). Obesogenic environments: exploring the built and food environments. *Journal of the Royal Society for the Promotion of Health*, 126(6), 262–267.

<https://doi.org/10.1177/1466424006070487>

⁷PHE (2017) Spatial Planning for Health. An evidence resource for planning and designing healthier places https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf

⁸ PHE (2017) Spatial Planning for Health An evidence resource for planning and designing healthier places

The growing evidence base

Environmental, policy, and societal changes are important contributors to the rapid rise in obesity over the past few decades, and there has been substantial progress toward identifying environmental and policy factors related to eating and physical activity that can point toward solutions⁹.

Numerous studies have consistently demonstrated that some attributes of built and food environments are associated with physical activity, healthful eating, and obesity. Residents of walkable neighbourhoods who have good access to recreation facilities are more likely to be physically active and less likely to be overweight or obese. Residents of communities with ready access to healthy foods also tend to have more healthful diets.

There is a growing body of research, which suggests that many contemporary urban environments do not support healthy lifestyle choices and are implicated in the obesity pandemic¹⁰. A decade ago, it was suggested that exploring the ways in which the built environment influenced physical activity and dietary behaviours might provide fertile ground for investigation and much work has been done over this period¹¹.

The Built Environment and Physical Activity

We are seeing the first generation that need to make a conscious decision to build physical activity into our daily lives. Fewer of us have manual jobs, technology dominates at home and at work, the places where we spend most of our time. Societal changes such as how to get to work or school have designed physical activity out of our lives.

Convenient lifestyles, technology to perform our work and play functions enables us to move less, and the growing reliance on cars to get about have resulted in a decline

⁹ Sallis & Glanz (2009) Physical activity and food environments: solutions to the obesity epidemic. *Milbank Q*tlly. 2009 Mar;87(1):123-54. doi: 10.1111/j.1468-0009.2009.00550.
<https://www.ncbi.nlm.nih.gov/pubmed/19298418>

¹⁰ Townshend, T., & Lake, A. (2009). Obesogenic urban form: theory, policy and practice. *Dec*;15(4):909-16. doi: 10.1016/j.healthplace.2008.12.002. Epub 2008 Dec 25e

¹¹ Townshend, T., & Lake, A. (2017). Obesogenic environments: current evidence of the built and food environments. *Perspectives in Public Health*, 137(1), 38–44. <https://doi.org/10.1177/1757913916679860>

in walking and cycling as modes of travel. Nationally, over 50% of journeys made by car equate to five miles or less and 20% are one mile or under which is equivalent to a 20-minute walk! For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. There is a need to build incidental activity into everyone's daily life, for example through creating safe and attractive environments that enable anyone of any age or ability to travel actively¹².

The premise that physical design, land-use patterns and transportation systems may influence an individual's propensity to have an active lifestyle remains strong. Intuitively, neighbourhoods providing a range of local facilities within easy active travel (walking and cycling) distance, with good quality infrastructure (such as well-maintained pavements), which are regarded as safe and pleasant, should support physical activity. These types of environments are often referred to as 'walkable neighbourhoods' in academic literature, although supporting walking is only one element of physical activity.¹³

Perceived safety from traffic and close proximity to local destinations have been associated with lower body mass index (BMI), with an assumption that walking for transport was the mediator.

The influence of greenspaces, such as urban parks, has also been a focus of interest. Early studies produced encouraging results, associating high-quality parks near homes, with people being more active during recreational periods^{14 15}. In one study, parks were associated with recreational walking at levels that deliver health benefits¹⁶. Access to and engagement with the natural environment is associated with positive health outcomes, improved physical and mental health and reduced risk of cardiovascular disease, risk of mortality and other chronic conditions. Evidence suggests that participating in physical activity in a natural setting is associated with

¹² 39) PHE (2014) Everybody Active Every Day: An evidence-based approach to physical activity.

¹³ Obesogenic environments: current evidence of the built and food environments Volume: 137 issue: 1, page(s): 38-44 Article first published online: January 11, 2017; Issue published: January 1, 2017

¹⁴ Giles-Corti, B, Broomhall, MH, Knuiiman, M, Collins, C, Douglas, K, Ng, K. Increasing walking: How important is distance to, attractiveness and size of public open space? American Journal of Preventive Medicine 2005; 28: 169–76. Google Scholar | Crossref | Medline | ISI

¹⁵ Giles-Corti, B, Donovan, RJ. The relative influence of individual, social and physical environmental determinants of physical activity. Social Science & Medicine 2002; 54: 1793–812.

¹⁶ Sugiyama T, Francis J, Middleton NJ, Owen N, Giles-Corti B. Associations between recreational walking and attractiveness, size and proximity of neighbourhood open spaces. American Journal of Public Health 2010; 100: 1752–7

improved mental health outcomes than participation in indoor setting. Overall, however, studies associating greenspaces and physical activity have produced positive results, however there is conflicting findings. In terms of green spaces and health inequalities there is emerging evidence¹⁷.

- Those living in the most deprived areas are less likely to live in the greenest areas.
- Those living closer to green spaces tend to live longer than those with no green space.
- Children who live close to green spaces have higher levels of physical activity

Recent research has emphasised that promoting and maintaining active travel (walking and cycling) to school are significant in incorporating physical activity in young people's lives¹⁸. Moreover, recent research has demonstrated that maintaining active travel through adolescence is associated with reduced BMI scores in young men¹⁹. Key environmental predictors of active travel are distance to school and parental perceptions of road safety and the inconvenience of using a car²⁰.

Similarly, physical activity levels may be influenced by access to recreational or sports facilities, green spaces or parks, as well as transport infrastructure and land use. Certain environments may be more 'obesogenic' than others, such that they are more likely to promote weight gain and obesity in individuals or populations, but it remains a challenge to identify the physical environmental factors with the greatest impact on (the development of) overweight and obesity. Further work and research is still needed.

Good Practice in Gateshead

¹⁷ Health Inequalities and open spaces. Jessica Allen, UCL Institute of Health Equity, 2013
www.instituteofhealthequity.org

¹⁸ Cooper AR, Jago R, Southward EF, Page AS. Active travel and physical activity across the school transition: The PEACH project. *Medicine & Science in Sports & Exercise* 2012; 44: 1890–7.

¹⁹ Panter J, Corder K, Griffin SJ, Jones AP, Sluijs EM. Individual, socio-cultural and environmental predictors of uptake and maintenance of active commuting in children: Longitudinal results from the SPEEDY study. *International Journal of Behavioral Nutrition and Physical Activity* 2013; 10: 83.

²⁰ Chillón P, Panter J, Corder K, Jones AP, Van Sluijs EMF. A longitudinal study of the distance that young people walk to school. *Health & Place* 2015; 31: 133–7

Five-years on since public health responsibilities moved back into local government and the first significant planning reforms in England, the Town and Country Planning Agency (TCPA) propose to re-examine the challenges experienced by councils in 2018 and beyond in integrating health and planning settings in localities. The project will highlight current practice and emerging examples of industry standards on health and wellbeing, and new strategies such as the 'Childhood Obesity Action Plan for England'.

Gateshead's role in this project was to host a workshop in 2108 on health and planning, in looking at how to influence creating healthy places where people thrive. A focus was on health and the green infrastructure in partnership with the North East Nature Partnership. Work has started within the council and with partners looking at new innovative ways of integrating health and wellbeing through planning sector and development processes, through the green infrastructure environment. An action that emerged and is not current practice is to map Gateshead's green infrastructure layered upon Gateshead's obesity levels by location and establish 'hot spots' where more immediate action could be taken in a specified location. This would take a holistic approach, across the specialisms and sectors to ensure real change happens on the ground.

The Food Environment

Since 1946, every generation has been heavier than the previous one. The way we live, work, travel, play, shop and eat has transformed greatly in recent decades. For example since 1975, the consumption of ready meals and processed meat products has increased five-fold²¹.

People eat 26 times more pizza, and the purchasing of chips is three times higher. Dried and fresh pasta was not even recorded in the UK's National Food Survey until 1998 and since then consumption has more than doubled.²² Food is everywhere, we are faced with approximately 22 food decisions every day – more than we can consciously process. Many of our decisions about the food we eat aren't taken as

²¹ 10 ways the UK's eating habits have changed, BBC News, 18 February 2016 [last accessed 24.01.17 via: www.bbc.co.uk/news/magazine-35595530

²² The Centre for Social Justice (2017) Off the Scales, Tackling England's Childhood Obesity Crisis.

conscious or deliberative choices but rather on instinct and in response to the environment around us.

We now have easier access to a wider variety of highly tasty, high energy foods than ever before. This food is cheap and widely promoted, both in the media and in stores. Most people don't realise they are eating too much, and then it becomes incredibly difficult for people to know that they need to reduce how much they eat.

The effect of our environment on what we eat is particularly strong when we are in stressful situations and this is particularly true of people living in deprived areas and on low incomes who are facing challenging times. For instance, the stress of wanting to plan and provide healthy meals is heightened when you are unable to do this realistically due to financial pressure. This leads to extra stress and a likely reliance on the convenient, unhealthy food outlets right on the door step with cheap, accessible unhealthy foods²³.

Eating out and fast food outlets

For the majority, eating out is no longer a treat or for special occasions. It has become the norm, which means out-of-home food and drinks are as important as the food and drinks prepared at home. Evidence shows that food prepared out-of-home tends to be less healthy than food prepared in the home and is associated with fat intake and increased body fat.

Studies show that the greater concentration of fast food outlets and takeaways in deprived areas encourages increased consumption among children living there. In 2017, there were 56,638 takeaway outlets in England, a rise of 8% (4,000 restaurants) in the past three years. Fast food outlets account for more than a quarter (26%) of all eateries in England. Around a third of fast food outlets in England are found in the most deprived communities²⁴.

²³ The Centre for Social Justice (2017) *Off the Scales, Tackling England's Childhood Obesity Crisis*.

²⁴ Ordinance Survey data (2018) *Obesity and the Environment, density of fast food outlets*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741555/Fast_Food_map.pdf

Key drivers of food production and consumption include:

- An increase in income and lower food prices has led to an increased consumption of processed foods.
- Urbanisation has increased the number of people leading more sedentary lives while consuming more energy-dense, convenient and fast foods.
- How we trade food has reduced the price and increased the availability of unhealthy, energy dense, nutrient-poor foods.
- The rise and increased expansion of major food corporations such as McDonald's, KFC and Nestlé, has contributed to the development and availability of fast food and energy dense alternatives to traditional meals.
- Convenience-The increase of supermarkets includes the availability of readily available, cheap and unhealthy foods.
- The rise in food industry marketing has had a major impact on what we eat and drink. TV advertising is potentially the single factor most responsible for the childhood obesity epidemic.
- The shift in consumer attitudes and behaviours away from necessity towards a society that just consumes, which is made possible by the availability of cheap and convenient food and drink.
- Food promotions in Britain are the highest in Europe, and 40% of our expenditure on food and drink consumed at home come from foods on promotion, which are often the usually unhealthy food option.

Good practice in Gateshead

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 average. In Gateshead the

areas with the highest rate of fast food outlets are the Metro Centre, Bridges ward and Birtley.²⁵

It is only recently that local authorities have started to use the legal and planning systems to regulate the growth of fast food restaurants, in particular those near schools. There is some evidence that the type of food on sale nearest to schools influences the diet of schoolchildren. A number of important publications have already drawn attention to the potential for local government to use its powers in a variety of ways to combat obesity and try to dilute some of the effects of the obesogenic environment. The planning system is one area in which local government can act.

In Gateshead, a Supplementary Planning Document (SPD), supported by an integrated public health policy, has been used successfully to control the proliferation of hot food takeaways in areas with high levels of child obesity. The conditions set out in the SPD mean that there are currently no locations where opening a new hot food takeaway would be suitable. Since the SPD was adopted, no new planning applications for hot food takeaways have been approved. The number of applications has also dropped.

We know the planning system alone cannot solve the problem of obesity whose causes are many and complex. One obvious obstacle is that councils' planning powers can do nothing to address the clustering of fast food outlets that are already in place. Planning experts highlight that the planning system is not designed to deal with the detail of how a business is operated, but rather with how land is used: the licensing system if it were strengthened might be a more effective route for looking at issues of quality. The food environment is one aspect; however, it is important to recognise that there are also links with the built environment and its impact on health

There are still challenges for the future:

²⁵ Ordinance Survey data (2018) Obesity and the Environment, density of fast food outlets.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741555/Fast_Food_map.pdf

- This SPD applies only to Hot Food Takeaway's (A5 use), not fast food outlets (A3 restaurant use). This is a real limitation.
- There are issues controlling mixed use developments /ancillary use.
- It doesn't impact on existing premises – the public don't see much change.
- Many other initiatives across the system are needed to tackle obesity - one initiative alone won't work.

A further complexity is that many local shopping streets in deprived areas are already a 'toxic' mix of takeaways and other unhealthy businesses (payday loan, betting shops, etc.). The supplementary impact of issues such as depression, due to indebtedness, or addictive behaviours associated with gambling on obesity levels in poorer communities, encouraged by the access and availability of these shops and services, is yet to be unravelled, but again further research is urgently needed²⁶.

Next Steps

The burden of obesity contributes to increasing health inequalities. While the evidence base is, imperfect and there are many gaps in the knowledge, it may also be argued that there is certainly enough to act on now. The opportunity for planners and health professionals to work together provides a crucial step forward towards the 'whole systems approach' to tackle obesity as called for by the Foresight report.²⁷

The communities voice is essential to advocating for, and implementing, changes to create more healthful environments and policies. Community engagement is critical to the success of new initiatives. Even though public health may determine that environmental change could help reduce obesity—for example, by restricting the number of fast-food restaurants in a disadvantaged neighbourhood—the residents may regard such a regulation as stigmatizing (“blame the victim”) because they may depend on cheap, convenient food sources and lack reliable transportation options.

²⁶ Townshend, TG . What role can urban planning and transportation policy play in the prevention of obesity? In: Dea, C (ed.) Obesity Epidemiology: From Aetiology to Public Health. Oxford: Oxford University Press, 2010, pp. 353–67.

²⁷ Foresight. Tackling Obesities: Future Choices – Project Report. London: Government Office for Science, 2007

We need to work with communities to find out what is helpful for increasing the healthfulness of communities' environments?

Great progress has been made in Gateshead, however the alignment of health concerns and planning will not happen overnight and linking them only addresses a certain part of the obesity systems map. However, given the generally enduring nature of the built environment – its impact will usually be spread over several generations – the importance of this cannot be overestimated.

To address obesity, we need to take a radically different approach. We know that one to one interventions are important to help individuals tackle their own weight; however, this isn't sufficient to tackle the issue and we have to take action at a population level. Gateshead needs to consider the complexity of the issue and plans need to refocus on the medium and longer term at a population placed based level (beyond 5 years). As a local authority going forward we can continue to influence through the planning system, food procurement and sales. There is an opportunity locally to, reduce pressures on families to buy less healthy foods and rebalance calorie intakes by utilising powers such as planning and licensing.

Shaping the environment to better support healthy decisions has the potential to be a key aspect of a successful obesity prevention intervention. Thus in order to develop effective environmental interventions, in relation to obesity, we need to understand how individuals, and different groups of individuals, interact with their environments in terms of physical activity and food intake.

Even though widespread environmental changes may take years to show results, the beneficial effects can be expected to contribute to long-lasting improvements in physical activity, nutrition, and obesity. We must create a Gateshead where it is easy for people to lead healthier lifestyles.

Recommendation

Overview and Scrutiny Committee is recommended to agree:

- The scope, content and evidence base as set out in this report.

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