

Living Well: Overweight and Obesity

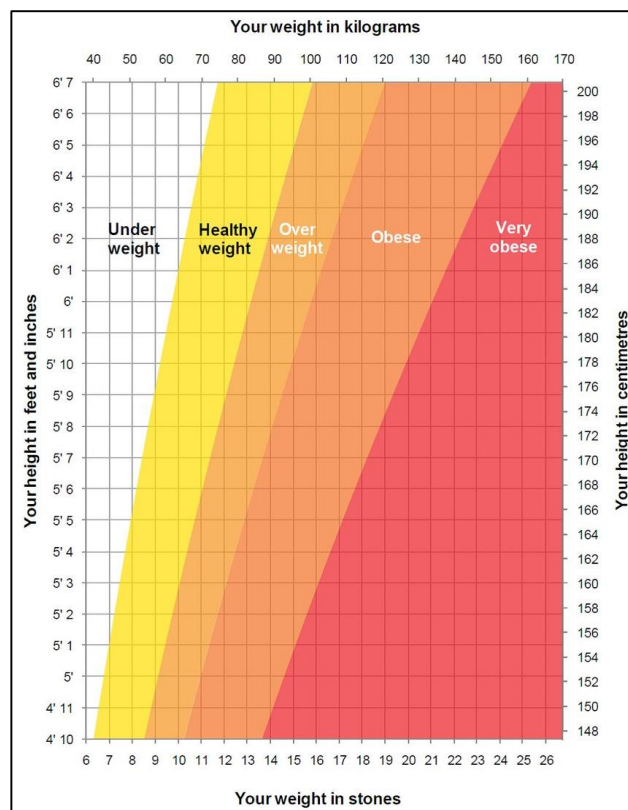
Why is this important to Bradford District?

Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI). In adults, a BMI of 25kg/m² to 29.9kg/m² means that person is considered to be overweight; a BMI of 30kg/m² or higher means that person is considered to be obese. You can [calculate your own BMI](#) using the NHS BMI calculator.

Overweight/obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period. This results in the accumulation of excess body fat. This, however, is a simplistic view of the issue; there are many **complex behavioural and societal factors** that combine to contribute to the causes of obesity; no single influence or cause dominates.

In October 2007 the [Foresight Report](#) was published. This ground breaking report summarised evidence around the causes of obesity, the associated societal and health costs, and the action needed to address the issue. The report is now more than 10 years old; despite the case for action set out in the Foresight Report, levels of overweight and obesity continue to rise.

Figure 1: Weight/Height Chart



Source: NHS England

This Foresight project has taken a strategic 40 year forward look at how society could respond sustainably to obesity:

- Most adults in the UK are already overweight. Modern living ensures every generation is heavier than the last – 'Passive Obesity'.
- By 2050 60% of men and 50% of women could be clinically obese. Without action, obesity-related diseases are estimated to cost society £49.9 billion per year.
- The obesity epidemic cannot be prevented by individual action alone and demands a societal approach.
- Tackling obesity requires far greater change than anything tried so far, and at multiple levels: personal, family, community and national.
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society.

The Foresight Report is best known for its [visual conceptualisation of the causes of obesity](#), which highlights the complexity of the issue.

Obesity is associated with a range of health problems and the resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, equating to roughly £80 million for Bradford District. Wider costs to society are estimated to reach £49.9 billion per year which would equate to roughly £400 million for Bradford District. These factors

combine to make the prevention and management of obesity an important public health challenge.

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Obese children and young people are more likely to become obese adults, and have a **higher risk of morbidity, disability and early death** in adulthood. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings, and hormonal and chemical changes, such as raised cholesterol and metabolic syndrome – can be identified in obese children and adolescents. Some obesity-related conditions can develop during childhood. **Type 2 diabetes**, previously considered an adult disease, has increased dramatically in overweight children as young as five.

Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems, and some musculoskeletal disorders.

The **emotional** and **psychological effects** of being overweight are often seen as the most immediate and serious by children themselves. They include teasing and discrimination by peers, low self-esteem, anxiety and depression. In one study, severely obese children rated their quality of life as low as children with cancer on chemotherapy. Obese children may also suffer **disturbed sleep and fatigue**.

There is now good a considerable body of evidence linking obesity with a wide range of health issues, not just in childhood, but also in later life. For example

A man with a BMI over 30, compared with a man with a healthy weight is:

- 5 x more likely to develop type 2 diabetes
- 3 x more likely to develop colon cancer
- 2.5 x more likely to develop high blood pressure

A woman with a BMI over 30, compared with a woman with a healthy weight is:

- 13 x more likely to develop type 2 diabetes
- 4 x more likely to develop high blood pressure
- 3 x more likely to have a heart attack

Risks of other diseases, including angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, are also increased.

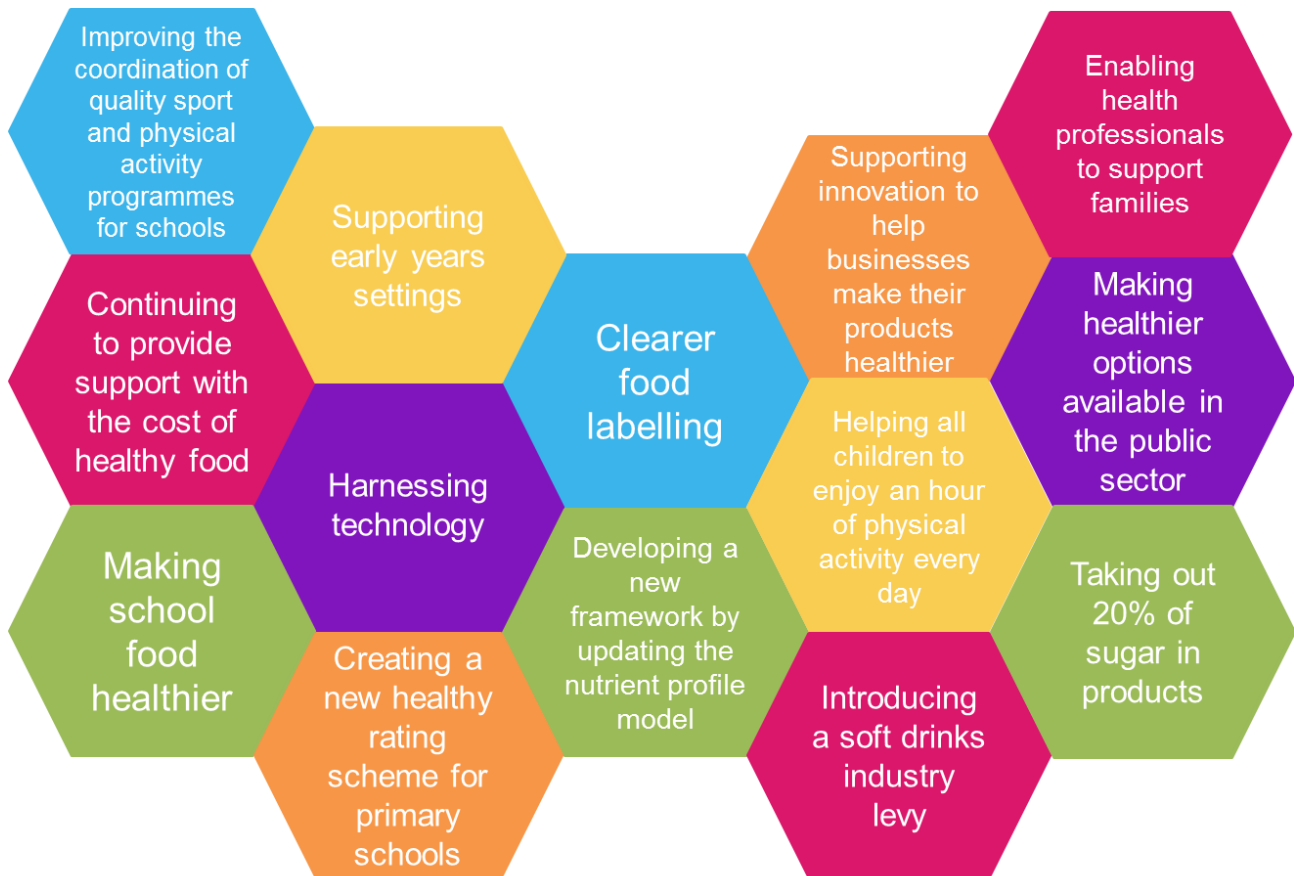
This section of the JSNA should be read in conjunction with sections on physical activity and food and nutrition, as well as the chapter on healthy places. Public Health England also publishes the National Child Measurement Programme (NCMP) measuring the BMI of children in Reception and Year 6 in the [Child Obesity Profile](#).

Strategic context

National Context: In August 2016 the Government launched their [plan for action on childhood obesity](#); this was followed in June 2018 by [chapter 2](#) of the action plan. The action plan recognises some of the **complex drivers of obesity** and the need for government, industry, schools and the public sector to work together to make food and drink healthier, and support healthier choices for our children. A number of key commitments were made, mostly focused on policy at a national level:

Chapter 2 of the action plan saw the government specify a target for reducing the prevalence of obesity.

Figure 2: Government plan for action on childhood obesity: key commitments



Source: HM Government

'We are setting a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.'

In addition to the national action plan, NICE have published extensively around the issue of obesity, both from a management and prevention perspective.

- [CG43 The prevention, identification, assessment and management of overweight and obesity in adults and children](#)
- [PH8 Physical activity and the environment](#)
- [PH11 Maternal and child nutrition/ QS98 Maternal and child nutrition](#)
- [PH17 Promoting physical activity for children and young people](#)
- [PH27 Dietary interventions and physical activity before, during and after pregnancy](#)
- [PH41 Physical Activity: Walking and Cycling](#)
- [PH44 Physical Activity: brief advice in primary care](#)
- [PH47 Managing overweight and obesity in children and young people](#)
- [NG7 Preventing Excess Weight Gain`](#)

Local context: There are a number of local strategies, research, commissioning activities and services aimed at reducing the prevalence of obesity. These include Every Baby Matters, Better

Start Bradford, Active Bradford Strategy, and the Bradford Breastfeeding Strategy. However, the [Healthy Bradford Plan](#) is the District's overarching plan for reducing obesity. This Plan was developed in 2017 to establish a clear strategic approach to obesity in Bradford District.

Underpinning the Plan is the need to ensure that *healthy living is easier for everyone, every day and everywhere*. There are four main parts to the Plan, the work for which is now being pursued under the Living Well brand. Launches of the various elements of the Plan are set to take place in 2019. Further work has also been pursued by the Health Bradford Team including participating as pilot site trialling Public Health England's development of a [whole systems obesity route map](#) in partnership with Leeds Beckett University; the purpose of this is to guide Local Authorities in developing their response to obesity.

Figure 3: Local Plan for Bradford District regarding healthy living



What do we know?

The National Child Measurement Programme (NCMP) measures the height and weight of over one-million children aged 4-5 and 10-11 years each year in primary schools in England.

22.5% of children in Reception in Bradford District are overweight or obese; this compares to 22.6% in England. By the time children are measured again in **Year 6, 37.9%** of children in Bradford District are overweight or obese; this compares to 34.2% in England.

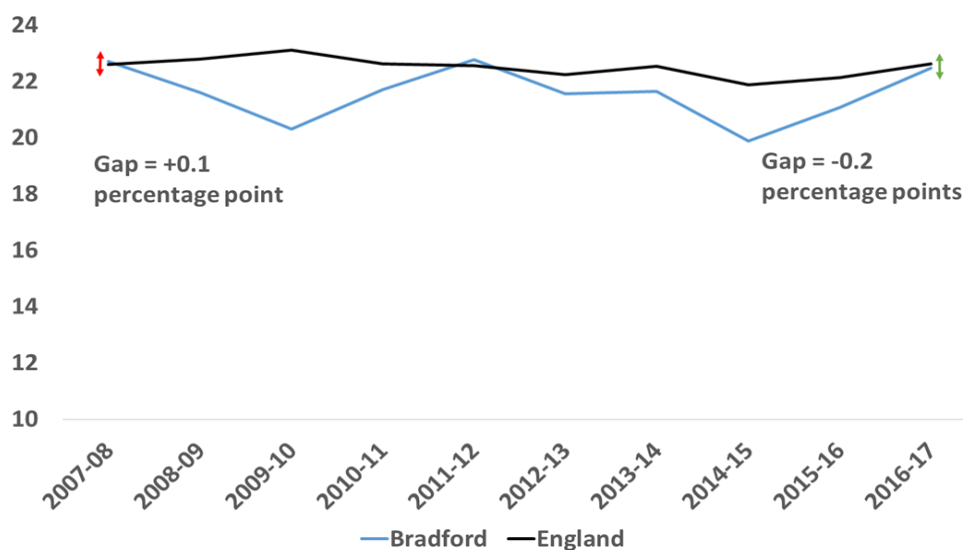
Trend data over the last ten years underlines the challenge. Although the proportion of children who are overweight when they start school has fluctuated year on year, overall the proportion has remained between 20 and 22% - it has not reduced. In contrast the proportion of children who are overweight at **Year 6 is rising year on year**.

The prevalence of childhood obesity varies across the District; there is a **strong association with socioeconomic deprivation**, with levels of childhood obesity highest in the more deprived parts of the District.

Reception: the highest levels of excess weight are in wards including Royds, Wyke, Worth Valley and Tong, in which the proportion of children who are overweight exceeds 24%. Wharfedale, Bingley and Heaton have the lowest levels of childhood obesity in the District as measured in Reception. These trends are not consistent across all age groups; for example whilst Heaton has some of the lowest rates of overweight/obesity in children at age 4/5, it has one of the highest rates in children aged 10/11 years old.

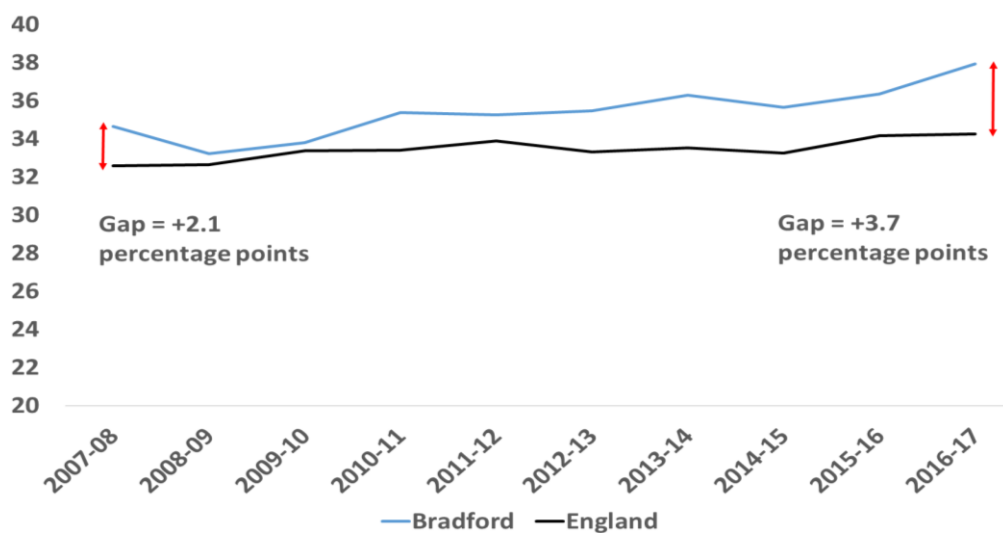
Year 6: Levels of childhood overweight/obesity increases between the ages of 4/5 and 10/11 years old. The highest levels of excess weight are in Little Horton, City, Bowling and Barkerend, Heaton and Manningham wards, in which the proportion of children who are overweight exceeds 40%. The lowest levels of excess weight are in Wharfedale, Ilkley, Baildon and Craven.

Figure 4: Prevalence of excess weight in reception, 2007/08- 2016/17



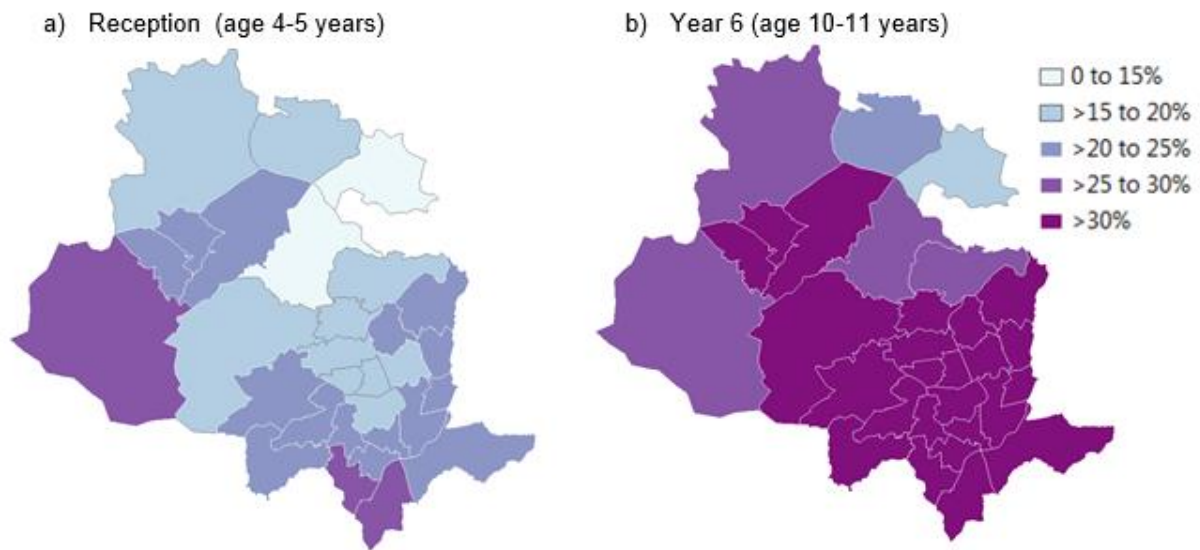
Source: Public Health England

Figure 5: Prevalence of excess weight in year 6, 2007/08- 2016/17



Source: Public Health England

Figure 6: Prevalence of excess weight among children in a) reception (age 4-5 years) and b) Year 6 (age 10-11 years) by ward, 2014-15 to 2016-17

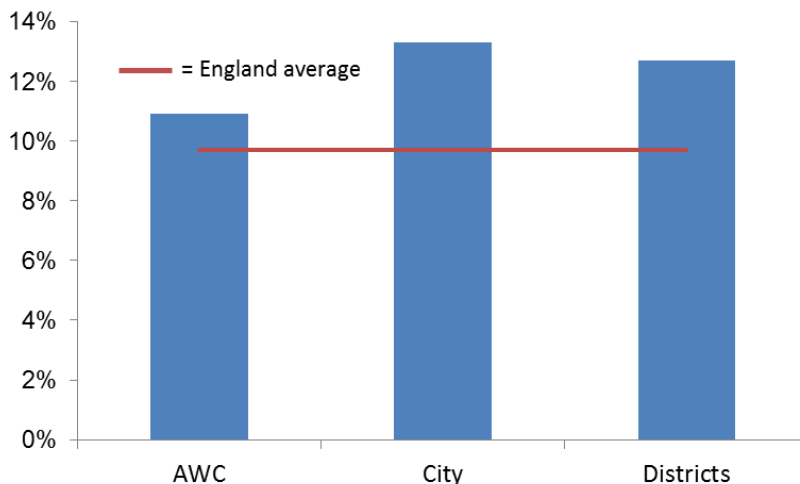


Source: National Childhood Measurement Programme

Whilst we have detailed information on the prevalence of childhood obesity (as a result of the NCMP), we rely largely on national survey data to tell us about the prevalence of overweight and obesity in adults in the District. Most recently available data (2016/17) suggests that **63.7% of adults in Bradford District are overweight or obese**; this compares to 61.3% in England (PHE). This is an improvement on last year's figures, where 69% of adults in the District were either overweight or obese. It is difficult to draw robust conclusions from survey data, and in the absence of more than two years trend data, interpretations should be made with caution.

In addition to survey data, GPs are incentivised as part of the Quality and Outcomes Framework (QOF) to keep a register of people who have a BMI greater than 30. Across the 3 CCGs covering Bradford District there are over **58,000 people** aged 18 years and over who are **registered as obese**, with prevalence of obesity being above the average for England for each of these CCGs.

Figure 7: Prevalence of obesity within CCG's in Bradford District



Source: Quality and Outcomes Framework

What Assets do we have?

In addition to the District wide Living Well programme of work launching in 2019, we have many existing assets in the district working hard to help tackle the rising levels of obesity.

Capacity building: Public Health delivers a number of training opportunities to build capacity amongst practitioners and residents in the District to support people to improve their diet and help people be more active.

These include:

- Health Improvement Training – the training focuses on nutrition, diets and eating healthy and is delivered to voluntary sector and statutory organisation staff.
- School Cooks – training school cooks to provide healthier meals on school premises and after school cookery clubs involving parents.
- HENRY programmes – The Health Improvement Team deliver HENRY programmes to practitioners who work in early years settings, increasing skills and knowledge. The training addresses obesity in childhood and beyond by helping parents adopt a healthier family lifestyle.

Physical Assets and Schemes

- Community Allotments – there are a number of allotment sites across Bradford District which provide residents with the opportunity to grow and eat their own produce from the allotment, as detailed above.
- Bradford Council school food catering service achieved the bronze Food for Life award in 2018 which is awarded to food providers as an independent endorsement of the quality, provenance and sustainability of the food they provide.
- The local authority oversees Supplementary Planning Guidance restricting the opening of hot food takeaways that: fall within 400m of the boundary of an existing primary or secondary school or youth centre facility (e.g. YMCA, after school clubs); or fall within 400m of a recreation ground or park boundary.
- Bradford District has a wide range of sports facilities that have recently been modernised through the building of new schools. This range will soon be enhanced even further by the forthcoming Bradford Metropolitan District Council programme of building new swimming pools and sports centres. The District has a strong voluntary sports framework with a higher proportion of sports volunteers than in other parts of the country and has professional sports clubs flying the flag for the Bradford district on the national and international stage.
- The Bradford District also has some of the best countryside in England within the District and on our doorsteps, plus thirty six public parks, totalling an area of over two hundred and seventy hectares. Ten of the parks are on the English Heritage Register of Parks and Gardens of Special Historic Interest in England.

Gaps / challenges / opportunities

The drivers and causes of obesity are complex; accordingly, complex causes require a complex response. Whilst over the last decade we have commissioned and delivered a set of services to

support people to adopt healthier lifestyles, including weight management services, obesity rates have continued to rise. With almost 40% of children overweight by the time they reach 10/11 years old, the scale of the problem presents us with a huge challenge. The traditional approach of targeting people through face to face services simply won't reach enough people. Furthermore, without tackling the root causes of obesity, **we know that it is difficult for people to maintain healthy lifestyles when the environments in which they live, learn and work, don't always support this.**

There is, however, real commitment and support across the District to reduce the number of people who are overweight or obese. In October 2017 Bradford District were selected by Leeds Beckett University to be one of six pioneer sites for trialling a whole systems approach to obesity.

There is a need, therefore, for **everyone to play their part** in creating a greater understanding of why healthy eating and physical activity are important, and what the consequences of poor diet and inactivity will. The Living Well programme will help raise awareness and offer tools to help and guide both individuals and organisations in doing this.

Furthermore, the District has also been selected as a Sport England Local Delivery Pilot. This pilot led by Bradford Institute of Health Research's Born in Bradford team and Active Bradford will draw down in the region of £5 to £8 million over 4 years to improve physical activity in the pilot site areas. The purpose of the pilot is to create a transformational change in physical activity levels for whole populations, and develop the system and sector around what the most inactive people want/need, so that people feel physical activity and sport are for them. Research and evaluation will be monitored every step of the way, the team will have a co-design approach involving community groups and individuals to enable a step change. Funding for the pilot will focus on children and young people aged 5 to 14 years old and their families in Allerton, Fairweather Green, Toller, Heaton, Manningham and Girdlington, City, Bolton and Undercliffe as well as Eccleshill and Windhill.

There is a need for all professionals to **Make Every Contact Count** across health and care to ensure changes to lifestyle behavior are encouraged that have a positive effect on the health and wellbeing of individuals and communities within the District.

What are we doing about it and what does the information presented mean for commissioners?

Traditionally services to address obesity have been commissioned in a tiered approach with Tier 1 working on wide scale prevention, Tier 2 offering weight management support to individuals who are overweight, while Tiers 3 and 4 (which are commissioned by the Clinical Commissioning Groups in the NHS) offering more intensive multi-disciplinary support pathways, including nutrition advice and psychological support, and if appropriate bariatric surgery.

The activation of the whole systems approach means that Tier 1 offers are the growing area of focus under the Healthy Bradford Plan, to shift the District to becoming a health promoting environment, with some signposting and motivational advice from the Living Well Service at Tier 2. The rationale for this exists in the scale of the obesity problem, and similarly that, even the few individuals successfully achieving their weight loss goals at Tier 2, struggle to maintain a healthy body weight as the environments in which live, work and learn make being healthy so challenging.

Within this context, there is also much opportunity for commissioners to ensure the organisations they commission promote and support a healthy lifestyle for all their employees as well as clients and patients. Following the introduction of the Living Well Charter in 2019 work will be undertaken with commissioners to support them in using their leverage to ensure the standards set in the Living Well Charter are being used to aid their commissioning decisions.

Supporting resources

NCMP and Child Obesity Profile - <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

National strategy: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

Childhood obesity: a plan for action, chapter 2 - <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>

Adult obesity: applying All Our Health - <https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health>