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Title of meeting: HOSP

Subject: Obesity and healthy weight overview

Date of meeting: 24 March 2015

Report by: Andrea Wright, Public Health Portsmouth

Wards affected: All

1. **Requested by:** HOSP

2. **Purpose:** Up-date of current situation

3. **Information Requested:**

3.1 Context

As a nation each generation is becoming heavier (passive obesity), with weight creeping up without us consciously realising it so that obesity is now a global epidemic¹. Reducing obesity is a national aim² and a local priority. However there needs to be a shift in focus away from obesity to healthy weight in its widest sense as overweight/obesity is a symptom of the underlying factors that need addressing i.e. poor nutrition and physical inactivity.

As a whole a large percentage of Portsmouth residents both adults and children sit outside the healthy weight category and the challenges associated with obesity for the individual, their family, our communities, society and economy are ever increasing. Therefore we are committed to working together to achieve our vision:

“Portsmouth is a healthy city that empowers and supports individuals, families and communities to achieve and maintain a healthy weight”.

The healthy weight agenda encompasses individuals who are underweight, those who are overweight/obese and those who are a healthy weight and trying to maintain it. Therefore, in its widest sense, healthy weight affects each and every resident of our city, with nutrition

¹ Foresight, 2007

² DH, 2011

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and physical activity the two key influential factors in weight management, underpinned by mental and emotional wellbeing.

3.2 Data

The table below shows the current picture of weight amongst our children.

Year R	Under weight	Healthy weight	Over weight	Obese	Comments
Portsmouth	0.59	75.48	14.42	9.51	
Southampton (stat. neighbour)	1.15	76.66	12.66	9.54	
England	0.88	76.89	12.96	9.27	
Year 6	Under weight	Healthy weight	Over weight	Obese	23.9% of Portsmouth resident children were overweight/obese on joining primary school compared to 22.2% nationally, and this increased to 35.28% on leaving primary school compared to 33.3% nationally.
Portsmouth	1.13	63.59	14.42	20.86	
Southampton (stat. neighbour)	1.96	64.83	13.87	20.33	
England	1.33	65.35	14.40	18.92	
Source: NCMP 2012/13 data set					

The table below is a proxy measure of weight on our adult population based on applying the national percentage categories by weight against our population.

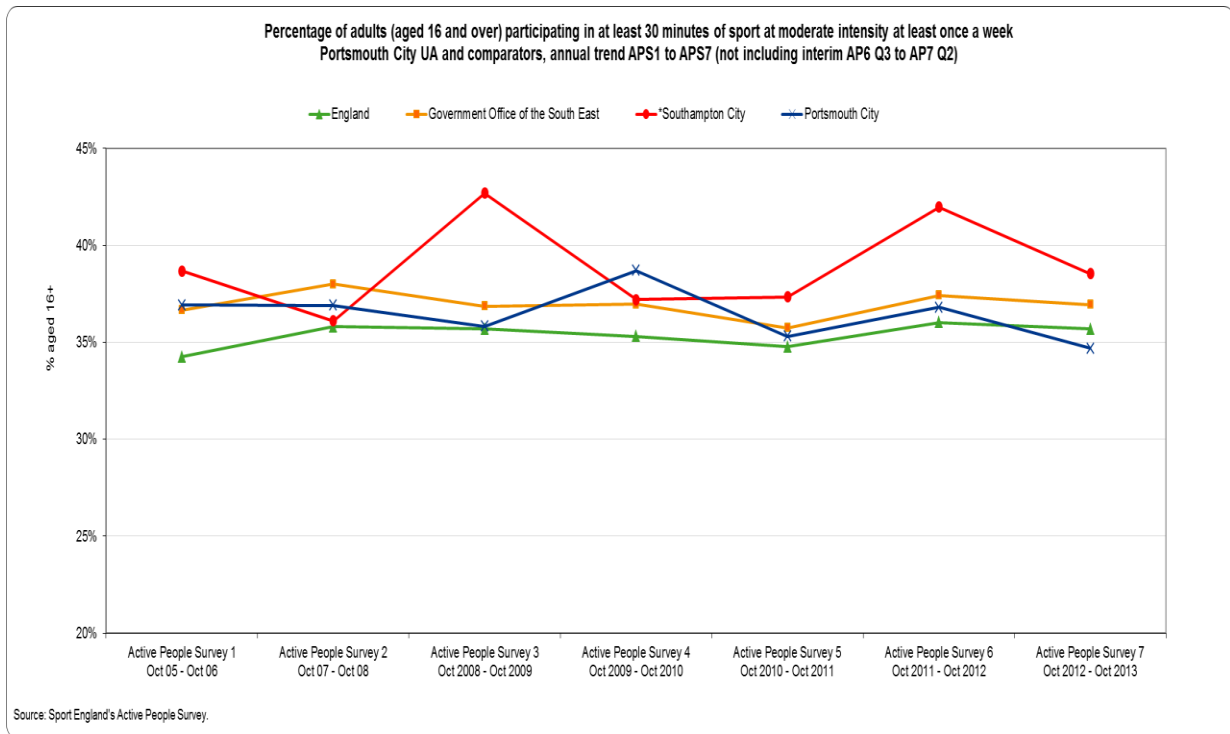
2012	% by weight category	Estimated Portsmouth residents aged over 16 years, by weight category
Underweight	2.5	4,127
Healthy weight	39.6	66,896
Overweight	32.9	55,547
Obese	25.1	42,322
Source: Prevalence from Active People's Survey via National Obesity Observatory, Public Health England applied to 2012-based Subnational Population Projections (ONS)		

This equates to approx. **97,868** of Portsmouth adult residents being overweight/obese and Public Health England predicts the current estimate of 64% overweight/obese is going to rise to 30% by 2034. Therefore this issue isn't going away and the fact is if children become overweight/obese they are almost certain to continue on this projection into adulthood, hence the increase in overweight/obesity from 23.9% Year R, to 35.3% in Year 6, to 64% in adults, therefore the only way to tackle the issue is to intervene early within families and invest in prevention.

Physical activity or the lack of it, is a major contributory factor to health inequalities and Portsmouth has a high percentage of inactive population as the table below shows, we are above the national average in relation to inactivity and quite significantly behind

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Southampton our comparator city.



Therefore we need to tackle inactivity as an issue in its own right, in addition to improving poor diets and ultimately this will help to improve our overweight/obesity levels within the city and have a general positive impact on our residents' health and wellbeing.

3.3 Consequences

The consequences of overweight and obesity is both sever and life-limiting and impact on not only the individual but also their family, community, economy and wider society in both the short and long-term. The table below summaries some of the key consequences but there are many more that is directly linked to obesity, poor diet and inactivity.

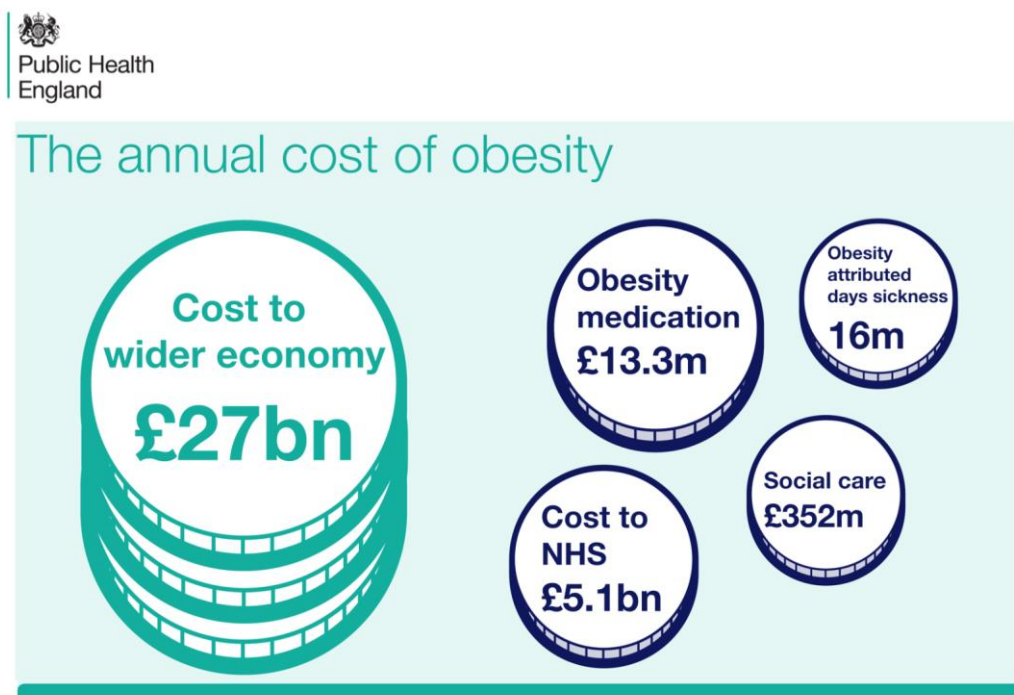
<p>Reduced life expectancy: Moderate obesity (BMI 30-35) reduces life expectancy by 2-4 years, while morbid obesity (BMI 40-50) reduces life expectancy by 8-10 years, equivalent to the effects of lifelong smoking.</p>	<p>Increased morbidity: Overall 29% of men and 36% of women classed as obese have a life-limiting illness, double the rates in the healthy-weight population.</p>
<p>Increased risk of associated health problems: These include: cardiovascular diseases, diabetes, musculoskeletal disorders and some cancers.</p> <p>Sometimes the increased risk is stark e.g. an obese woman is 13 times more likely to develop type 2 diabetes than a healthy weight woman.</p>	<p>Long-term conditions: More than 15 million people in England have a long-term condition and a number are associated with obesity and long-term conditions account for 70% of the total social care budget.</p>

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<p>Inequalities: People with disabilities are more likely to be obese and less physical active than the general population, with both underweight and obesity a particular issue for people with learning disabilities.</p>	<p>Poor mental well-being: Severely obese children and young people rated their quality of life as low as children and young people having chemotherapy for cancer.</p>
<p>Economy: Treating obesity alone is estimated to cost the NHS £5bn per year and the wider economy approx. £20bn per year e.g. lost productivity and sick days. By 2050 this is forecast to rise to £10bn per year NHS costs and £49.9bn per year (at 2007 prices) wider societal and business costs. It's estimated that 18million sick days per year can be attributed to obesity.</p>	<p>Economy: Inactivity costs are estimated at £8.2bn per year, and in addition, the contribution of inactivity to obesity is estimated to cost a further £2.5bn annually.</p>

The slide below is from the most recent presentation from Public Health England outlining why we should be investing in obesity prevention. The consequences are wide reaching and obesity and physical inactivity will cripple us in the future if we don't prevent it from happening in childhood and through into adulthood. A cultural shift is required but to do this a monumental change is required, from treatment of symptoms (where most of the cost are) to preventing the problem in the first place.

Obesity is virtually entirely preventable, with a few medical exceptions the vast causes are lifestyle choices, affected by the wider determinants of health. Therefore collectively we need to address these, providing support at a much earlier point will not only save money year on year but also improve the individual's quality of life. Check out: <http://www.noo.org.uk/LA> for more information on why investing in obesity is crucial.



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3.4 Healthy weight moving forward

Portsmouth's latest 10 year healthy weight strategy was produced last year, with a focus on children/young people and families and prevention and early support. Below is the strategic overview of the strategy.

Our vision:

Portsmouth becomes a healthy city that empowers and supports individuals, families and communities to achieve and maintain a healthy weight

Aim:

To increase the proportion of Portsmouth's children and adults who are a healthy weight

Strategic objectives:

- **Make healthy weight a priority for all:** Ensure all partners at all levels view healthy weight as a priority and are actively engaged in supporting and contributing to increasing our healthy weight population
- **Tackle the obesogenic environment:** Create environments that enable and support residents to make healthy food and physical activity choices
- **Invest in prevention:** Ensure healthy food and physical activity are the easiest and preferred option for individuals, families and communities
- **Capitalise on early intervention and treatment:** Support those outside the healthy weight category to become and maintain a healthy weight through a range of evidence-based interventions
- **Utilise the wider workforce:** Ensure professionals across disciplines are competent and confident in initiating conversations and discussing weight within their role/setting

Last week we held our first workshop with a range of PCC departments and partners to start the process of developing an action plan which will set how we are collectively going to work together to achieve our vision.

We realise it is ambitious to aim to reduce obesity and increase healthy weight population as no nation to-date has achieved this, but through strong leadership, evidence informed decisions, innovate practice, working in partnership and a desire to make positive changes at all levels (individual, organisational, community etc.) we have recipe to achieve success.

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Signed by (Head of Service)

Appendices:**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location