

7.3.2 Healthy weight (adults)

Why is this issue important?

Obesity rates in England have tripled in the past three decades. With two thirds of adults overweight or obese England now has the highest levels of obesity in Europe and the 9th highest in the world.¹ Lifestyle changes resulting in higher calorie diets and lower levels of physical activity are key contributors to the expanding population.

The most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing body weight (in kilograms) by height (in metres) squared. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese. In 2012, 41% of adults living in the UK were classified as overweight (BMI ≥ 25) and a further 23% obese (BMI ≥ 30).² In 2010, approximately 3% of adults were morbidly obese (BMI ≥ 40).³

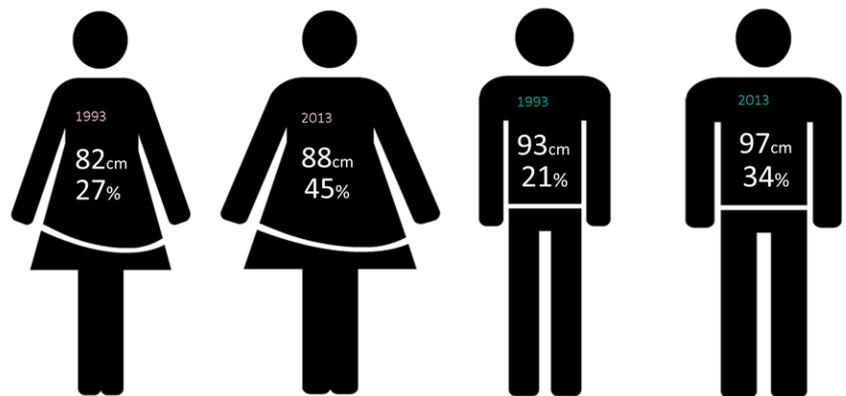
Fewer people each year are classed as having a healthy weight, although levels of overweight have not increased substantially since 1993.⁴ This suggests that as many people are moving from a healthy weight to overweight as are moving from overweight to obesity, and that everyone is getting bigger—not just those at the top of the spectrum.⁵ The levels of overweight and obesity in the general population are now predicted to reach 70% by 2034.⁶

Figure 1 illustrates recent data from the Health Survey for England which show that the average waist circumference of both men and women increased significantly between 1993 and 2013, as did the proportion of individuals whose waist circumference was above healthy levels.

Obesity is an important underlying cause of many health issues, including Type II diabetes, some

cancers and heart disease, which reduce life expectancy and significantly burden the health care system and the economy. Obesity reduces life expectancy by an average of three years and severe obesity by 8-10 years.⁷ It is estimated that poor diet-related ill-health cost the NHS in the UK £5.8 billion per annum.⁸ Estimated annual social care costs of obesity to local authorities is £352 million.⁹ Severely obese people are more than three times more likely to need social care than people of a healthy weight.

Figure 1: Adult (16+) mean waist circumference and percentage with Raised Waist Circumference (RWC)* 1993 to 2013



*RWC = >102 cm in men and >88 cm in women

Source: Health Survey for England

Key outcomes

- **Excess weight in adults - proportion of adults classified as overweight or obese (Public Health Outcomes Framework)**

Impact in Brighton & Hove

Data from the 2012 Active People survey suggest that 49% of the population of the city are overweight or obese, significantly lower than England (64%). This includes those classified as obese; in Brighton & Hove 13% of the population are thought to be obese, also lower than England (23%).¹⁰

¹National Obesity Observatory 2010. Epidemiology of Adult Obesity. Available from: <http://www.noo.org.uk> [Accessed on 26/08/2015].

²Government Office for Science 2007. Tackling obesity: future choices – project report. London: Department for Innovation, Universities and Skills.

³National Obesity Observatory 2010. *About Morbid Obesity*. Available from: <http://www.noo.org.uk> [Accessed on 26/08/2015].

⁴National Obesity Observatory 2010. Epidemiology of Adult Obesity. Available from: <http://www.noo.org.uk> [Accessed on 26/08/2012].

⁵Rutter, H 2012. Setting the context: Obesity in the UK. Transcript from Westminster Food and Nutrition Forum on Obesity. London, 7th February 2012.

⁶UK Health Forum. Risk factor based modelling for Public Health England Oct 2014

⁷Dent M, Swanston Briefing Note: Obesity and life expectancy. Oxford. National Obesity Observatory 2010

⁸Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. 2011. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. *Journal of Public Health Dec*;33(4):527-35.

⁹Public Health England Obesity Knowledge and Intelligence. Making the case for tackling obesity – why invest? Data from Health Survey for England 2011/12. 2014

¹⁰Public Health England. Health Profiles 2015. Available from: <http://fingertips.phe.org.uk/profile/health-profiles> [Accessed 03/08/2015]

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The annual direct cost of obesity to NHS Brighton & Hove is estimated to be £78.1 million.¹¹

Where we are doing well

Rates of obesity in Brighton & Hove (13%) are lower compared with the England average (23%) and the South East Coast average (21%).¹⁰

Healthy weight and good nutrition has been identified as one of the five priorities in the city's current Joint Health and Wellbeing Strategy, although this strategy is currently being revised. A Healthy Weight Programme Board meets quarterly to oversee a strategic action plan to support healthy weight for the population of the city. The action plan includes the four domains: Food; Physical activity; Weight management and treatment; and Data.

Brighton & Hove City Council uses evidence-based commissioning and nationally endorsed evaluation mechanisms to inform local weight management programmes in a range of settings which include clinical guidance, 1:1 support, exercise subsidies, community outreach, group programmes, and/or self-management aids.

In 2006 Brighton & Hove was the first city in the UK to publish a food strategy. In April 2012, the city's refreshed food strategy was launched. This includes a range of measures supporting healthy weight and nutrition.¹²

Local inequalities

This local data is taken from the Health Counts survey of over 2,000 adults in the city in 2012 unless otherwise stated.¹³

Age and gender: Locally men are significantly less likely to be a healthy weight than women, and, since local underweight prevalence is 3% for males and females, this therefore means men are more likely to be overweight or obese. **Error! Bookmark not defined.** Nationally, women are more likely to be severely obese.¹⁴

¹¹ Foresight 2007. Tackling Obesities: Future Choices (2nd edition). Government Office for Science. London.

¹² Brighton and Hove Food Partnership. Spade to Spoon: Digging Deeper. 2012. Available at: <http://www.bhfood.org.uk/food-strategy>

¹³ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. 2013. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 03/09/2015]

¹⁴NOO. Severe obesity. 2015. Available at: http://www.noo.org.uk/NOO_about_obesity/severe_obesity

The percentage of males and females of a healthy weight falls with age up until 65-74 years but then rises in those aged 75 years or over. Men are less likely to be a healthy weight across all age groups.

Ethnicity: The prevalence of healthy weight amongst White British and BME populations was 52% and 59% respectively but that this difference was not statistically significant. National findings suggest that compared to the general population, obesity prevalence is lower among Black African, Indian, or Pakistani men, and lowest in Bangladeshi and Chinese communities. Among women, obesity prevalence appears to be higher for Black African, Black Caribbean and Pakistani women than for women in the general population and lower for women from the Chinese ethnic group.¹⁵

Socioeconomics: Although there is an association between obesity and socioeconomic status, with higher levels of obesity among more deprived groups, the prevalence of obesity in England has increased across all classes between 1997 and 2009.¹⁶ Obesity being associated with deprivation is a stronger relationship for women than men. In Brighton and Hove individuals in the most deprived areas are 1.7 times more likely to be obese than those in the most affluent.

Heterosexual respondents (53%) and LGB, unsure and other respondents (56%) are similarly likely to be of healthy weight.

There are no differences by marital status.

Carers (42%) are significantly less likely to be a healthy weight than all respondents.

Respondents with no religion (58%) are significantly more likely to be a healthy weight than all respondents. Christians are less likely (47%), though not significantly so and those with a religion other than Christian (54%) are similar to all respondents. Though this could be age related.

Respondents who own their own homes (50%) are slightly less likely to be a healthy weight. Those renting from a private landlord (60%) are significantly more likely to be of healthy weight and those renting from a housing association or local

¹⁵ NOO: Obesity and ethnicity 2011.

http://www.noo.org.uk/uploads/doc/vid_9851_Obesity_ethnicity.pdf

¹⁶ NOO: Adult obesity and socioeconomic status. 2012

http://www.noo.org.uk/uploads/doc/vid_16966_AdultSocioeconSep2012.pdf

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authority (38%) are significantly less likely to be a healthy weight.

Students are significantly more likely to be a healthy weight (68%), retired respondents and those who are unemployed and looking for work, unable to work due or caring for home and family are significantly less likely (both 40%) to be a healthy weight.

Predicted future need

Projections suggest that if significant impact is not made soon, 60% of men and 50% of women will be obese by 2050.⁸The implications of such high rates of obesity for both the health system and the economy are alarming. Similarly, if current trends continue, the cost of obesity to the NHS in Brighton & Hove is expected to rise to £83.5 million by 2015.

What we don't know

BMI thresholds were designed for White populations so may not be appropriate for BME groups, and the relationship between ethnicity and obesity may not be wholly understood.

There is a lack of qualitative data to understand the impact of obesity on individuals living in Brighton & Hove. Future research should use qualitative and community-based research methods to understand the voice of local individuals regarding obesity.

Key evidence and policy

Health Survey for England 2015: England 2015 Statistics on Obesity, Physical Activity and Diet

NICE 2006. CG43: Clinical Guidance on Obesity.

NICE PH42 2012: Obesity- Working with Local Communities

NICE PH53 2014: Overweight and obese adults - lifestyle weight management

Department of Health 2011. Healthy Lives, Healthy People: A Call to Action on Obesity in England.

Scientific Advisory Committee on Nutrition Carbohydrates and Health

Recommended future local priorities

The Healthy Weight Programme Board oversees the strategic delivery of a Healthy Weight Action Plan. Priority actions include:

1. Focus on prevention through a life-course approach, and which recognises specific risk periods (e.g. maternity and smoking cessation).
2. Develop a comprehensive and integrated adult weight management care pathway from Primary Care and community settings into all four tiers of appropriate weight management services, with clear referral procedures and mechanisms for evaluation, and increase point-of-care obesity interventions.
3. Commission a Tier 3 weight management service together with the CCG.
4. Transform local environments so that it is easy for residents to be more physically active every day, and to enable individuals to make healthier food choices.
5. Work with local food outlets, schools and workplaces to improve the quality of food eaten out in the city through reducing salt, sugar, fats and supporting changes to healthier ingredients and cooking methods.
6. Improve the collection, analysis, and dissemination of local level data by assisting all service providers to implement the National Obesity Observatory Evaluation Frameworks.

Key links to other sections

- Road safety
- Green and open spaces
- Good nutrition and food poverty
- Maternal and infant health
- Healthy weight (Children and young people)
- Physical activity (Children and young people and Adults and older people)

Further information

Brighton & Hove Joint Health and Wellbeing Strategy www.brighton-hove.gov.uk/content/health/public-health-brighton-hove

National Obesity Observatory www.noo.org

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