Adult obesity

Introduction
The prevalence of obesity in England is one of the highest in Europe as well as in the developed world. As recently as the 1980s, obesity rates among adults in England were one third of what they are today. It is estimated that excess weight costs the NHS as much as £5 billion per year.

Obesity develops from an accumulation of excess body fat which occurs when energy intake from food and drink consumption is greater than energy expenditure through the body’s metabolism and physical activity. A commonly used measure of obesity is body mass index (BMI) which is weight, in kilograms (kg), divided by height, in metres (m) squared, with a BMI > 30 kg/m² considered obese.

The consequences of excess weight and obesity include:

- An estimated reduction in life expectancy of 2-4 years in those with a BMI between 30-35 kg/m² and 10 years in those with severe obesity.
- Increased risk of developing type 2 diabetes, cancer and heart disease.
- A reduction in a person’s prospects in life, affecting an individuals’ ability to get and hold down work, self-esteem and underlying mental health.

Risk factors and vulnerable groups
A range of factors influence the risk of obesity, including:

- Biology - an individual’s genetics and their influence on ill health.
- Environment - the influence of the environment on an individual’s physical activity behaviour, for example, a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers.
- Physical activity - the type, frequency and intensity of activities an individual carries out, such as sport and leisure recreation.
- Societal influences - the impact of society, for example the influence of the media, education, peer pressure or culture.
- Individual psychology - for example a person’s individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences.
- Food environment - the influence of the food environment on an individual’s food choices, for example, a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home.
- Food consumption - the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual’s diet.

Obesity is higher in people affected by socioeconomic deprivation and there are variations in obesity prevalence between and within ethnic minority groups. Rising obesity rates can result in increased ill-health among disadvantaged communities and among BME. This can lead to widening inequalities in health and social care. Obesity may also result in adverse social impacts such as discrimination, social exclusion and reduced earnings.

What is the evidence base?
NICE has published guidance and quality standards on tackling obesity at local level including:

- Working with local communities - covering recommendations such as sustainable community-wide approaches, integrated commissioning, involving local business and social
enterprises in the local area, local authorities as exemplars of good practice, monitoring and evaluation and cost effectiveness.\textsuperscript{vii}

- Managing overweight and obesity in adults – lifestyle weight management services - recommendations covering the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese.\textsuperscript{vi}
- Identification, assessment and management of overweight and obesity in children, young people and adults.\textsuperscript{viii}
- Prevention of overweight and obesity in adults and children.\textsuperscript{ix}
- Quality standard for nutrition support in adults.\textsuperscript{x}

There are also more in development such as focussing on maintaining a healthy weight and preventing excess weight gain, maternal and child nutrition and prevention and management in adults.

NICE has also published advice in the form of local authority briefings on BMI thresholds for preventing ill-health among BME groups and preventing obesity and helping people to manage their weight pulling together the recommendations from the guidance documents mentioned above.\textsuperscript{xii}

**Local picture**

In 2012, 59.0\% of Luton’s adults were estimated as overweight (including obese). This is lower than in England (63.8\%), but not significantly different and similar to most comparators although significantly lower than Wolverhampton (see Figure 67).

Figure 67: Excess weight in adults, 2012.

In 2014 it is estimated, based on results from the Active People Survey that less than half of the adult (16+) population in Luton (43.8\%) eat the recommended 5 portions of fruit and vegetables a day which is significantly below the England average (56.3\%). The mean portions of fruit and vegetables are significantly lower than England as shown in Table 33.
Table 33: Fruit and vegetable indicators, 2014

<table>
<thead>
<tr>
<th>PHOF indicator</th>
<th>Luton</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.11i - Fruit and veg '5-a-day'</td>
<td>43.84</td>
<td>56.27</td>
</tr>
<tr>
<td>2.11ii - Average portions of fruit eaten</td>
<td>2.3</td>
<td>2.64</td>
</tr>
<tr>
<td>2.11iii - Average portions of vegetables eaten</td>
<td>1.98</td>
<td>2.36</td>
</tr>
</tbody>
</table>

Source: PHOF

Nationally, the prevalence of obesity and overweight changes with age.

- Prevalence of overweight and obesity is lowest in the 16–24 years age group, and generally higher in the older age groups among both men and women.
- Women living in low-income households have the highest prevalence of obesity and those living in high-income households have the lowest. There is no clear pattern for men.
- Prevalence of obesity (2006-10) is higher in women compared with men for Black African and Pakistani ethnic groups. Prevalence of obesity is higher among women of Black Caribbean, Black African, and Pakistani ethnicities, compared with the other ethnic groups. However, research has shown that current BMI thresholds may overestimate obesity among Africans and underestimate obesity in South Asians.

There is a clear relationship between socio-economic deprivation and obesity.

Forecasts of obesity in adults aged 65+ years obtained from Projected Older People Population Information (POPPI) are shown in Figure 68. By 2030, if prevalence estimates remained the same, the number of people aged 65+ who have a BMI of 30 or more will have increased from 3,846 to 5,086 for women (32% increase) and from 2,716 to 3,844 for men (42% increase).

Figure 68: Forecasts of obesity 2014-30 for men and women aged 65+ years in Luton.

Source: POPPI and Luton Public Health
Quality Outcomes Framework prevalence for obesity in Luton is shown in Figure 69. In 2013/14, 9.8% of patients aged 16 and over with a BMI of 30 kg/m² or more in the previous 12 months were recorded on practice disease registers. It is significantly higher than England (9.4%).

Figure 69 QOF prevalence of obesity in Luton and England.

There is variation between general practices in Luton in the proportion of registered patients recorded as obese. Although some variation will arise from differences in age, deprivation and ethnicity, it is likely that most practices are significantly under-diagnosing obesity in their registered patients. The overall recorded prevalence is 9.8%, less than half the estimated prevalence of 24.3%, suggesting the existence of widespread under-diagnosis and under-recording.

What is being done locally?
Since the 2011 JSNA, the following recommendations have been achieved:

- Improved provision of weight management programmes for overweight and obese adults:
  - Livewell Luton has been commissioned to provide in-house weight management programmes for adults and it can also refer patients to Slimming World and Weight Watchers.
  - A special Slimming World programme has been set up for pregnant women.
- An obesity care pathway has been developed to reduce the variability in clinical practice and improve outcomes.
- The NHS Health Checks programme has been implemented and more adults are being supported to manage their weight.
- A healthy workplace programme Luton’s Working Well, has been launched and provides support to local businesses around weight management.
- Policy makers and planners are required to assess the health impact of their policies and plans.
- Local action to increase physical activity is already highlighted in Section 1.1.

Priorities
1. Review and develop an overall strategic multi-agency approach to reduce obesity.
2. Develop and deliver a training programme for health and non-health professionals on the management of overweight and obesity.
3. Ensure the healthy weight pathway is used by health professionals and is evaluated so it adheres to national standards.

4. Work with fast food outlets and other outlets to support them in reducing the salt, fat and sugar content of their menus.
References


