STATE OF THE NATION’S WAISTLINE 2015

TURNING OBESITY AROUND: A NATIONAL NEW YEAR RESOLUTION
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We should be under no illusions. Obesity represents one of the most serious threats to the health of the UK population and has the potential of breaking the NHS. The purpose of this document is to set out a number of recommendations (page 3) as to how this threat can be addressed.

The facts are these: since 1993 obesity has increased from 16.4 percent to 25.1 percent in women and from 13.2 percent to 24.4 percent in men¹. One in four of us can be considered obese. The problem is more serious still amongst children. December’s National Child Measurement Programme confirmed that 22.5 percent of 4-5 year olds and 33.5 percent aged 10-11 year olds are either overweight or obese². Duncan Selbie, chief executive of Public Health England, has described these findings as a “tragedy” and the Royal College of GPs has stated that childhood obesity represents a state of emergency.

McKinsey Global Institute’s report (published in November) asserted that obesity cost the UK approximately £44.7 billion in 2012 – a greater cost than terrorism³ - and second only to smoking.

But not only has obesity become more common within the UK population; it has also become more accepted. A poll conducted by ComRes for the National Obesity Forum in December 2014 found that only six percent of Britons consider themselves to be obese. Nearly half consider themselves to be a healthy weight, including two-thirds of 18-24 year olds.

The Chief Medical Officer for England (Professor Dame Sally Davies) expressed concern about the ‘normalisation’ of obesity in 2014. The findings of the ComRes survey underline the validity of this concern, as public perceptions of their weight do not tally with the data of the Health and Social Care Information Centre (HSCIC) and other sources.

We are consequently at a critical point. Figures from the Organisation for Economic Cooperation and Development suggest UK obesity levels are second to only Hungary within the EU⁴. And the public, based on polling, remains largely unaware of the crisis and the effect it is having on the public services, such as the NHS, we all reply upon.

Steps are being taken. Simon Stevens, chief executive of NHS England has identified obesity as a priority his Five Year Forward View, and has set out a new programme (run in partnership with Public Health England) to promote healthier eating and physical activity. The Health Select Committee is also to conduct an inquiry into the impact of physical activity and diet on health. It must make recommendations to be acted on, whichever party or parties form the government after the General Election.

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Chairman, National Obesity Forum

¹ Health & Social Care Information Centre, Statistics on obesity, physical activity and diet (England), 2014
² Health & Social Care Information Centre, National Child Measurement Programme (England), 2013/14 school year
³ Swinford, S, ‘Give children smaller plates to help them lose weight’, Daily Telegraph, 22 August 2014
⁴ McKinsey Global Institute, Overcoming Obesity: An initial economic analysis, 2014, p.30
⁵ Owen, J, ‘NHS will offer diet and exercise support to obese Brits’, The Independent, 26 December 2014
Main Recommendations

- There must be a cross-party commitment to tackle obesity from May. Such a commitment must set targets for reducing obesity levels by 2020 and build upon the existing work of Public Health England and the measures set out in the NHS Five Year Forward View. The commitment should include the appointment of an ‘obesity tsar’ to drive joined-up working across government.

- Without additional training of GPs and other frontline healthcare professionals, and increased availability of weight management services, the plans set out for the Five Year Forward View will be undermined. Patients are unlikely to seek consultations specifically to discuss their weight, meaning GPs and other healthcare practitioners must raise what is a difficult and emotive issue. This must include regular monitoring of both adults’ and children’s weights to both identify and manage excess weight.

- There is an imbalance in the funding of methods to prevent obesity and treatment options. While efforts to encourage healthy lifestyles amongst the population are valued, and indeed vital, greater use of treatment options for those with existing weight management issues can help immediately reduce the burden on the NHS. This includes medical and surgical interventions. The NHS across the UK must also ensure it is easier to establish and refer to tier-3 weight management services, for which coverage across the UK is currently patchy.

- Further support of Change4Life and the Responsibility Deal is required to help facilitate the prevention of obesity. This includes ensuring best-selling brands that fall within the Responsibility Deal; the reformulation of products to reduce levels of fat, sugar and salt; and clear labelling of products for consumers. The new traffic light system is informative but not compulsory. Consequently there are a range of different labelling systems in operation and this is unhelpful to consumers.

- Urgent work is required by government departments to reduce the cost of healthy food products. This follows studies by both Cambridge University and Harvard University in the United States, which have concluded that the cost of ‘healthy’ food and drink products is now greater than that of ‘unhealthy’ products. This represents a barrier to healthy diet choices, particularly for low-income families.

- Obesity increases all the risks of pregnancy for both mother and baby. Clinicians must routinely weigh pregnant patients to identify individuals at high risk due to their weight, and must advise and manage them accordingly both during and after pregnancy. Pre-conception advice must be offered wherever possible.
The scale of obesity in the UK, key facts:

**Obesity in the UK**

- The McKinsey Global Institute report (November 2014) suggested obesity has the second largest impact on public health in the UK after smoking and cost the UK approximately £44.7 billion in 2012.

- Figures published by the HSCiC in 2014 showed a sharp increase in the percentage of adults considered to be overweight or obese during the period 1993 to 2012. For women, the percentage rose from 16.4 percent to 25.1 per cent; amongst men the percentage increased from 13.2 percent to 24.4 percent[^6]. While these figures extend to 2012 rather than to 2014, they suggest that a quarter of UK adults are either overweight or obese.

- An analysis of data conducted by the Institute for Health Metrics and Evaluation has claimed that more people in the UK are either obese or overweight than at any other time in the past three decades. The study, which looks at data from 1980 to 2013, stated that 67 percent of men and 57 percent of women in the UK are overweight or obese, and that the UK has the third-highest rate of excess weight in Western Europe behind Iceland and Malta[^7].

- New figures published by the Organisation for Economic Cooperation and Development have suggested that obesity levels in Britain are far higher than other European countries, and second only to Hungary[^8].

- Data published in the British Medical Journal shows that one in three adults in England have pre-diabetes; that health issues related to blood sugar have tripled in the last decade; and that an estimated five million people are expected to have diabetes in less than a decade. Analysis of the figures has also noted that nine in ten cases of diabetes are type-2 diabetes, which is most commonly caused by obesity, and that £1 in every £10 spent by the NHS already goes towards treating the condition[^9].

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[^6]: Heath & Social Care Information Centre, Statistics on obesity, physical activity and diet (England), 2014
[^8]: Owen, J, ‘NHS will offer diet and exercise support to obese Brits’, The Independent, 26 December 2014
[^9]: Donnelly L, ‘One in three adults have borderline diabetes’, Daily Telegraph, 10 June 2014
Scotland, Northern Ireland & Wales

- The annual Scottish health survey showed that 28.8 percent of Scottish children are at risk of becoming overweight or obese\textsuperscript{10}. The survey also found that only 13 percent of Scottish children were consuming the recommended five portions of fruit and vegetables a day. Separate reports of the survey findings have claimed that 65 percent of Scots are now considered overweight, with 27 percent being obese.

- A survey conducted in Northern Ireland in July 2014 by the Royal College of Paediatrics and Child Health found an increase in the number of overweight and obese children receiving treatment\textsuperscript{11}. The Royal Society has claimed that 20 percent of children are now overweight or obese before they start primary school.

- The Health Survey of Northern Ireland 2014 found that 67 percent of men and 56 percent of women, along with approximately a quarter of children aged 2-10 years, were considered overweight or obese\textsuperscript{12}. Sixty-seven percent of children were also found not to be meeting the recommended target of five portions of fruit and vegetables per day.

- The Millennium Cohort Study, released in November 2014, claimed that approximately a quarter of Welsh children are obese by the age of 11; with Wales considered to have more obese children than any other part of the UK\textsuperscript{13}. A separate report for the Welsh Assembly’s Health and Social Care Committee concluded that 7,000 patients in Wales could benefit from bariatric surgery, but were subject to more stringent criteria than patients in England\textsuperscript{14}.

\textsuperscript{10} Scottish health survey reveals risk of childhood obesity, BBC News, 2 December
\textsuperscript{11} Northern Ireland child obesity ‘needs to be tackled’, BBC News, 16 July 2014
\textsuperscript{12} O’Hara, V, ‘Northern Ireland’s rising obesity and £370m health bill’, Belfast Telegraph, 21 November 2014
\textsuperscript{13} ‘Wales has more obese children than rest of the UK, study finds’, Carmarthen Journal, 27 November 2014
\textsuperscript{14} ‘Obesity surgery criteria stricter in Wales than England’, BBC News, 21 May 2014
Children and young people

- Weight management continues to be a significant issue among children and young people. The National Child Measurement Programme 2014, published in December, found that 33.5 percent of Year 6 children (10-11 years old) are considered to be overweight or obese\(^{15}\). This reversed a small decline in the percentage of overweight or obese children in 2013\(^{16}\). The data also showed an alarming correlation between levels of obesity amongst children and financial deprivation, with children from poorer areas twice as likely to be overweight or obese as those from more affluent locations\(^{17}\).

The ‘normalisation’ of obesity

- In March 2014, the Chief Medical Officer for England, Professor Dame Sally Davies, commented that, “I have long been concerned that being underweight is often portrayed as the ideal weight, particularly in the fashion industry. Yet I am increasingly concerned that society may be normalising being overweight. Larger mannequins are being introduced into clothes shops, “size inflation” means that clothes with the same size label have become larger in recent decades, and news stories about weight often feature pictures of severely obese people, which are unrepresentative of the majority of overweight people.\(^{18}\)”

- Figures obtained under the Freedom of Information Act in June 2014 showed that hospitals have spent in excess of £5 million on equipment specifically for overweight and obese patients. This included specialist beds, wheelchairs, commodes and crutches to meet the needs of obese patients\(^{19}\).

\(^{15}\) Health & Social Care Information Centre, National Child Measurement Programme (England), 2013/14 school year

\(^{16}\) Health & Social Care Information Centre, National Child Measurement Programme (England), 2012/13 school year

\(^{17}\) Campbell, D, ‘Childhood obesity at primary school age twice as likely in poor areas’, The Guardian, 3 December 2014

\(^{18}\) Davies S, Annual Report of the Chief Medical Officer, Department of Health, March 2014

\(^{19}\) Carter C, ‘Hospitals buy special fridges to store overweight bodies as obesity crisis escalates’, Daily Telegraph, 15 June 2014
Levels of physical activity

- A report from government departments (Department of Health, Cabinet Office, Department for Culture, Media & Sport, Department for Education and Department for Transport) in February 2014 endorsed earlier conclusions by UK Active that a one percent reduction in inactivity could save £1.2 billion over five years\textsuperscript{20}. The report noted that 1.5 million more people play sport once a week than when the UK bid for the Olympics in 2005 and that more disabled people now participate in sport. However, it also noted that only 56 percent of adults meet recommendations for levels of physical activity (150 minutes per week); that 28.5 percent of adults do not achieve 30 minutes per week of physical activity; and that levels of physical activity decline with age\textsuperscript{21}. The report additionally noted high levels of inactivity amongst children and young people.

- A report by the All-Party Commission on Physical Activity has called for the creation of a cross-sector and cross-departmental National Action Plan supported by the leaders of all the three major political parties. Other recommendations included implementing a public health campaign focused on the benefits of physical activity; tracking progress by developing a standardised measure of physical activity across the UK; ensuring physical activity is part of everyday life (such as active travel) and making ‘active workplaces’ the norm; and making physical activity a lifelong habit by providing early access to positive experiences for children in sports, physical education, and active play\textsuperscript{22}.

\textsuperscript{20} HM Government & Mayor of London, Moving more, living more: The physical activity Olympic and Paralympic legacy for the nation, February 2014, p.5
\textsuperscript{21} Ibid, p.7
\textsuperscript{22} Grey-Thompson T, Huppert J, Keeley B, Leslie C, Tackling Physical Inactivity – A Coordinated Approach, All-Party Commission on Physical Activity, April 2014
The effect of deprivation on obesity levels

• Data from the NHS Information Centre noted that 30 percent of women and 25 percent of men classed as being amongst the most deprived in the UK were obese – figures that fell to 19 percent and 22 percent for the least deprived.

• A study conducted by Cambridge University in 2014 concluded that eating healthily costs three times as much as unhealthy food. The University’s research concluded that 1,000 calories from healthy items cost an average of £7.49 in 2012, while the same intake from unhealthy foods would cost an average of £2.50. The study additionally suggested that the gap between the cost of healthy and unhealthy foods was widening compared with ten years ago. A similar study, conducted by Harvard University in the US in 2013, suggested that healthy food and drink products might cost a family of four nearly £1,500 a year more than high calorie foods.

• A poll conducted in April 2014 by the British Heart Foundation found that 30 percent of adults sacrifice health benefits for cost in their regular food shopping.

Senior dieticians at the British Nutrition Foundation have also described healthy eating on a budget as “one of the biggest challenges of our times.”

• Figures published by the HSCIC indicated that children from deprived areas are more likely to be obese than those from more affluent areas. The most recent figures from the National Child Measurement Programme conducted by the HSCIC have found that 24.7 percent of children (aged 10-11 years) from the most deprived areas are considered obese, compared to levels of 13.1 percent of children from the least deprived areas.

23 ‘Public health minister links obesity to poverty: what does the data show?’, Guardian data blog, 23 January 2013
24 Donnelly, L, ‘Health diet costs three times that of junk food’, Daily Telegraph, 8 October 2014
25 Knapton, S, ‘Healthy eating adds £1,460 to annual food bill for a family of four’, Daily Telegraph, 6 December 2013
26 ‘A ‘third of adults struggle’ to afford healthy food’, BBC News, 23 April
27 Ibid
28 ‘Poorer children likely to be obese’, Press Association, 3 December 2014
Conclusions & Acknowledgements

- The UK continues to face an obesity crisis amongst both adults and children. The findings of the National Child Measurement Programme in November 2014 (that 33.5 percent of 10-11 year olds are either overweight or obese) are extremely concerning.
- The focus of obesity strategies in England, Wales, Scotland and Northern Ireland have been on prevention, and a significant proportion of funding has been devoted to prevention rather than to treatment, whether medical or surgical. There is a question as to whether sufficient financial resource is being made available to the likes of Change4Life, which is the largest UK outlay on preventative measures. At £11 million a year (according to the McKinsey Global Institute report), this is still a fraction of the cost of obesity to the UK every year. Equally, the McKinsey report has underlined the effectiveness and value for money offered by treatment interventions that must be supported by the NHS.
- GPs and other healthcare professionals would benefit from additional training on obesity on how to proactively discuss weight with their patients. Studies have shown this is an area in which substantial improvements can be made: a study in 2007 of two inner-London primary care organisations found that only 38 percent of GPs were likely to highlight a patient’s weight. Similarly, research published by the charity Beat in July 2014, has suggested that three quarters of patients questioned by the charity were not asked by their GP how they felt or why they overate, but were instead told to ‘go for a jog,’ or ‘show a bit of self-discipline.’ However, increased training of GPs must be accompanied by increased availability of services to support individuals who are overweight or obese.
- A series of publications, figures and studies have demonstrated the links between obesity and deprivation. It is deeply concerning that studies by both Cambridge University and Harvard have highlighted the increasing cost of healthy eating, which presents a barrier to low-income families and has the potential to encourage the purchasing of foods high in fat, sugar and salt if these are cheaper.

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30 Bennett, R, ‘Ask overweight patients about emotional health, GPs urged,’ The Times, 2 July 2014