

North Tyneside Joint strategic needs assessment Obesity

December 2023



North
Tyneside
Council

1. Introduction

Obesity has been identified as a serious public health challenge globally and as a major determinant of disability and death. Estimates from the World Health Organisation (WHO) report on obesity in May 2022, suggest that obesity causes more than 1.2 million deaths across the European region every year. This means that obesity is the fourth highest cause of death after high blood pressure, dietary risks and tobacco, corresponding to more than 13% of total deaths¹.

The fundamental cause of overweight and obesity is an energy imbalance between calories consumed versus calories expended. However, obesity is an incredibly complex issue with many factors to consider including individual behaviours, the built environment, the food environment, genetics, and societal/cultural influences, with many of these factors often being interlinked².

The 2022 WHO report focuses on managing obesity throughout the life course and tackling obesogenic environments. It also considers more recent challenges, including problematic digital marketing to children and the impact of the COVID-19 pandemic on obesity prevalence³.

In the UK it is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life. The NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year⁴.

¹ [WHO Report 2022](#)

² [Foresight report Reducing obesity: future choices](#)

³ [WHO Report 2022](#)

⁴ [Health matters: obesity and the food environment 2017](#)

2. Key Issues

- 63.8% of adults (18+ years) in England are classified as overweight or obese. Rates in North Tyneside are higher than that of the England average at 70.7%. This equates to almost three out of four adults⁵
- In England 21.3% of children in Reception (aged 4–5 years) are overweight or obese, this rises to 36.6% of children by the time they are in Year 6 (aged 10–11 years). Slightly higher rates are seen in North Tyneside at 22.1% in Reception however, by Year 6 rates are slightly lower at 36.1%⁶.
- Overweight and obesity levels have increased locally and nationally year on year. All evidence to date suggests that rates will continue to rise and are likely to have been accelerated by the impact of COVID-19⁷.
- Certain communities are disproportionately affected by obesity including, those living in areas of high deprivation, people from Black, Asian, and other minority ethnic groups, and people with learning disabilities. These population groups are at greater risk of developing obesity and therefore typically have higher rates of obesity⁸.
- Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases. Evidence also shows an established link between people living with obesity and an increased risk of severe illness or mortality from COVID-19⁹.
- Obesity in both adults and children is associated with poor psychological and emotional health and poor sleep. People living with obesity are likely to suffer from weight stigma, negatively impacting on their self-esteem¹⁰.

⁵ [OHID fingertips 2021/22](#)

⁶ [OHID fingertips 2022/23](#)

⁷ [CRUK 2022 report](#)

⁸ [Adult obesity: applying All Our Health 2022](#)

⁹ [Policy paper 2020: Tackling obesity: empowering adults and children to live healthier lives](#)

¹⁰ [Adult obesity: applying All Our Health 2022](#)

3. High Level Priorities

Given the high prevalence of overweight and obesity across all age ranges within the borough and the subsequent health inequalities associated with this, strategic plans must be appropriate for the level of need and accessible to all. Moreover, our services and the built, natural, and food environment must be conducive to residents being able to achieve and/or maintain a healthy weight.

- Ensure alignment of the Healthy Weight Alliance action plan to reduce obesity and increase physical activity across the borough, with North Tyneside's Health and Wellbeing Board Strategy 'Equally Well: A healthier fairer future for North Tyneside'¹¹
- Adopt a Healthy Weight Declaration (HWD) to encompass the 'whole systems approach' that is needed to address obesity at a population level. Demonstrating that the council is committed to exploring opportunities in relation to promoting healthy weight, reducing obesity, and increasing activity.
- Commission weight-management interventions that are appropriate and accessible for all our communities, to help tackle health inequalities.
- Implement, deliver, and monitor the National Child Measurement Programme (NCMP).

¹¹ [Equally Well Strategy 2021-25](#)

4. Those at Risk

Context

Excess calorie consumption is the fundamental cause of weight gain. Evidence shows that the majority of adults are consuming around 200 to 300 extra calories per day, and children who are already overweight or living with obesity are consuming up to 500 calories extra per day¹². Typically diets in the UK are not in line with the Eatwell Guide principles¹³ and contain too much sugar, saturated fat and salt and not enough fibre, fruit and vegetables. The types of food and drink consumed and patterns of eating, have also changed markedly over the last 50 years. Adults and children are constantly encouraged to buy and consume excess food through food advertising, promotions, and the high density of food outlets on high streets. The eating out of home sector provides 20–25% of an adult's energy intake¹⁴.

Prevalence

In England 63.8% of adults (18+ years) are classified as overweight or obese, equating to approximately 2 in 3 adults¹⁵. 21.3% of Reception children (aged 4–5 years) in England are living with overweight or obesity, rising to 36.6% of children by Year 6 (aged 10–11 years)¹⁶. Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease (CVD), type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease. More recently, evidence has shown an established link between people living with obesity and an increased risk of severe illness and mortality from COVID-19¹⁷.

Obesity in both adults and children is associated with poor psychological and emotional health and poor sleep. People living with obesity are likely to suffer from weight stigma, negatively impacting on their self-esteem¹⁸. Furthermore,

¹² [Calorie reduction paper 2018](#)

¹³ [The Eatwell Guide - NHS](#)

¹⁴ [Calorie reduction paper 2018](#)

¹⁵ [OHID fingertips 2021/22](#)

¹⁶ [OHID fingertips 2021/22](#)

¹⁷ [Policy paper 2020: Tackling obesity: empowering adults and children to live healthier lives](#)

¹⁸ [Adult obesity: applying All Our Health 2022](#)

children who are overweight or obese have a higher likelihood of being obese as an adult, increasing their risk of developing chronic diseases¹⁹

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). BMI = Person's weight (kg) / Person's height (in metres²). Table 1 and Table 2 show the different weight classifications and their associated BMI range.

Table 1. BMI classifications for adults

Classification	BMI
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	30.0 – 39.9

Table 2. BMI percentile classifications for children*

Classification	BMI Centile
Under Weight	<2 nd centile
Healthy Weight	2 nd – 84.9 centile
Overweight	85 – 94.9 centile
Obese	≥ 95 th centile

**Thresholds above are those conventionally used for population monitoring and are not the same as those used in a clinical setting, where overweight is defined as a BMI ≥ 91st but below the 98th centile, and obese is defined as a BMI ≥ 98th centile.*

Deprivation

- Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese as their peers living in the least deprived areas.²⁰
- Differences in obesity rates translate to worse health outcomes for people in more deprived areas and contribute to health inequalities. Admissions directly

¹⁹ [Health matters: obesity and the food environment 2017](#)

²⁰ [Govt obesity strategy 2020](#)

attributable to obesity are over three times more likely in the most deprived areas compared to the least deprived areas²¹.

Ethnicity

- Data published in 2021 assessing overweight and obesity prevalence across different ethnic groups, reported that Black adults had the highest rates at 70%. Adults from Asian (57.6%), Other White (59.1%), and Mixed ethnic groups (60.1%) had lower rates of overweight and obesity than those who were White British (65.2%). Although rates vary between ethnic groups overall, the data shows that a substantial proportion of all ethnic groups are either overweight or obese²².
- Guidance published by the National Institute of Excellence (NICE) advises that people of Black, Asian, and other ethnic minority backgrounds are at an equivalent risk of diabetes and other health conditions or mortality due to excess weight at a lower BMI than the White European population²³.
- Children from certain UK minority ethnic groups, particularly Black African origin and Bangladeshi ethnicities are more likely to develop obesity²⁴ The 2020–2021 NCMP report shows that obesity prevalence in children between ethnic groups has increased, with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases²⁵

Learning Disabilities

- Data on the prevalence of excess weight in people with Learning Disabilities (LD) in England (aged 18+ years) showed that approximately 27% of people with LD were classified as overweight, compared to 31.8% of people without LD. However, approximately 37% of people with LD were classified as obese, compared to 30.1% of people without LD²⁶. The more severe the classification of obesity, the greater the risk to an individual's health.
- For people with LD the diet and exercise requirements of losing weight are similar to the actions required of those without LD. However, there are additional

²¹ [Statistics on Obesity, Physical Activity and Diet, England 2021](#)

²² [OHID obesity and ethnicity 2021/22](#)

²³ [NICE guidance Obesity: identification, assessment and management](#)

²⁴ [PHE families most at risk 2020 report](#)

²⁵ [OHID NCMP report 2020-2021](#)

²⁶ [Obesity and weight management for people with learning disabilities 2020](#)

complexities to achieving these actions including, a lack of support or knowledge from carers, mainstream messaging around healthy eating and physical activity not being adapted to be accessible, communication difficulties and reduced health literacy, transport and financial issues accessing support services, and mobility and illness that can prevent successful engagement. In addition, some people with LD have problems with weight control as a result of conditions such as Prader-Willi Syndrome or because of specific medications.

- There is evidence demonstrating a higher prevalence of obesity in children with physical and/or intellectual disabilities²⁷

5. Level of Need

Within North Tyneside rates of adult (18+ years) overweight and obesity are 70.7%, higher than that of the England average of 63.8%. This equates to nearly three out of four adults being either overweight or obese in North Tyneside (approximately 118,300 adults)²⁸.

NCMP measurements for North Tyneside children (2022-2023) showed that 22.1% of reception pupils (1 in 5), and 36.1% of year 6 pupils (more than 1 in 3) were classed as overweight or obese. This compares with national figures of 21.3% and 36.6% respectively. North Tyneside rates are higher than the national average for Reception, but lower for Year 6. These figures equate to approximately 1,250 reception children and approximately 1,850 year 6 children being overweight or obese²⁹.

For adults, rates of overweight and obesity have increased year on year since 2016-17. Although rates for Year 6 children fell from the high of 2021-22, they remain higher they were 10 years ago. Currently Reception rates are at a 10 year low, but have fluctuated around the 25% rate for over 10 years.

²⁷ [PHE families most at risk 2020 report](#)

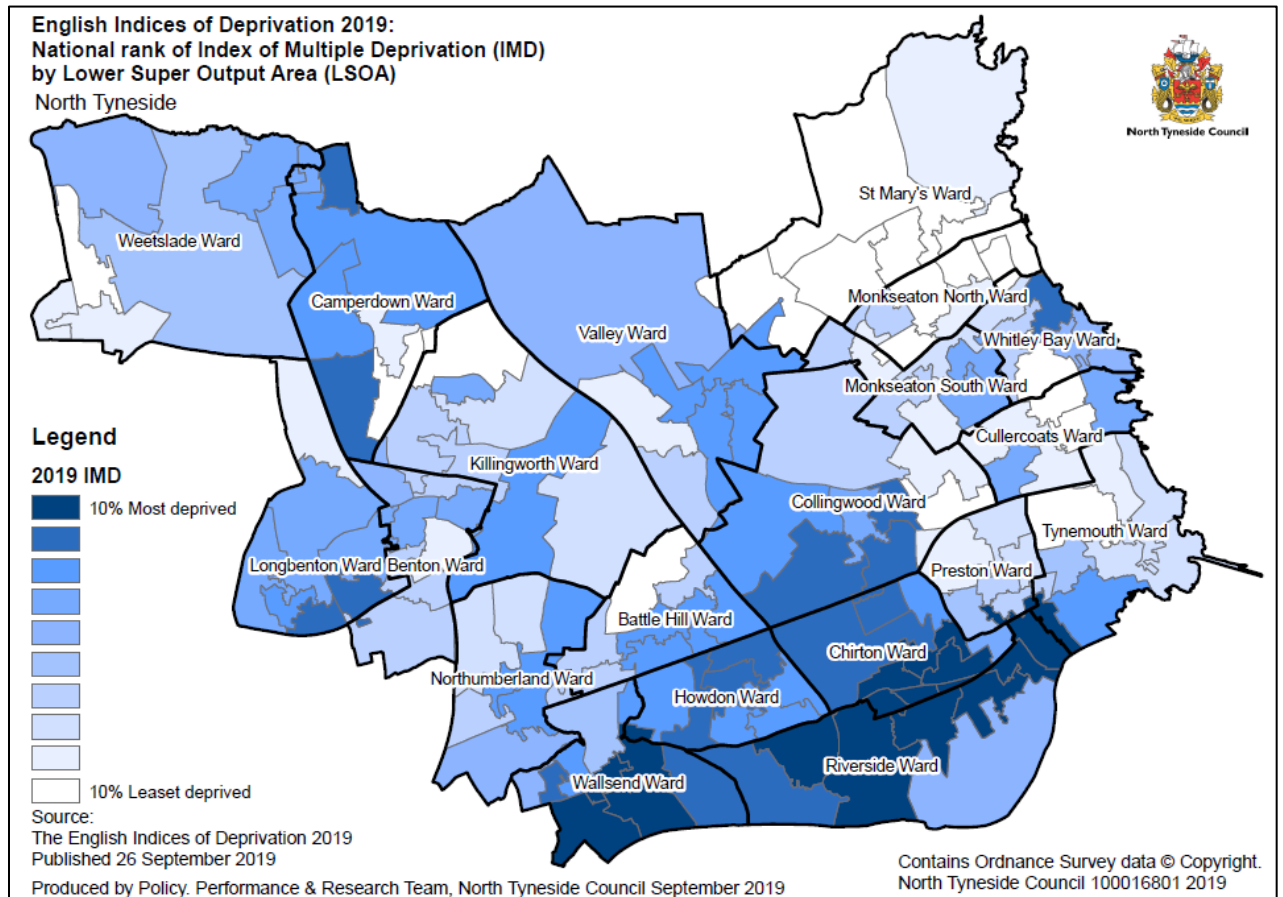
²⁸ [OHID fingertips 2021/22](#) & [ONS 2021 Mid-Year Population Estimates](#)

²⁹ [OHID Fingertips 2021/22](#) & [ONS 2021 Mid-Year Population Estimates](#)

Deprivation

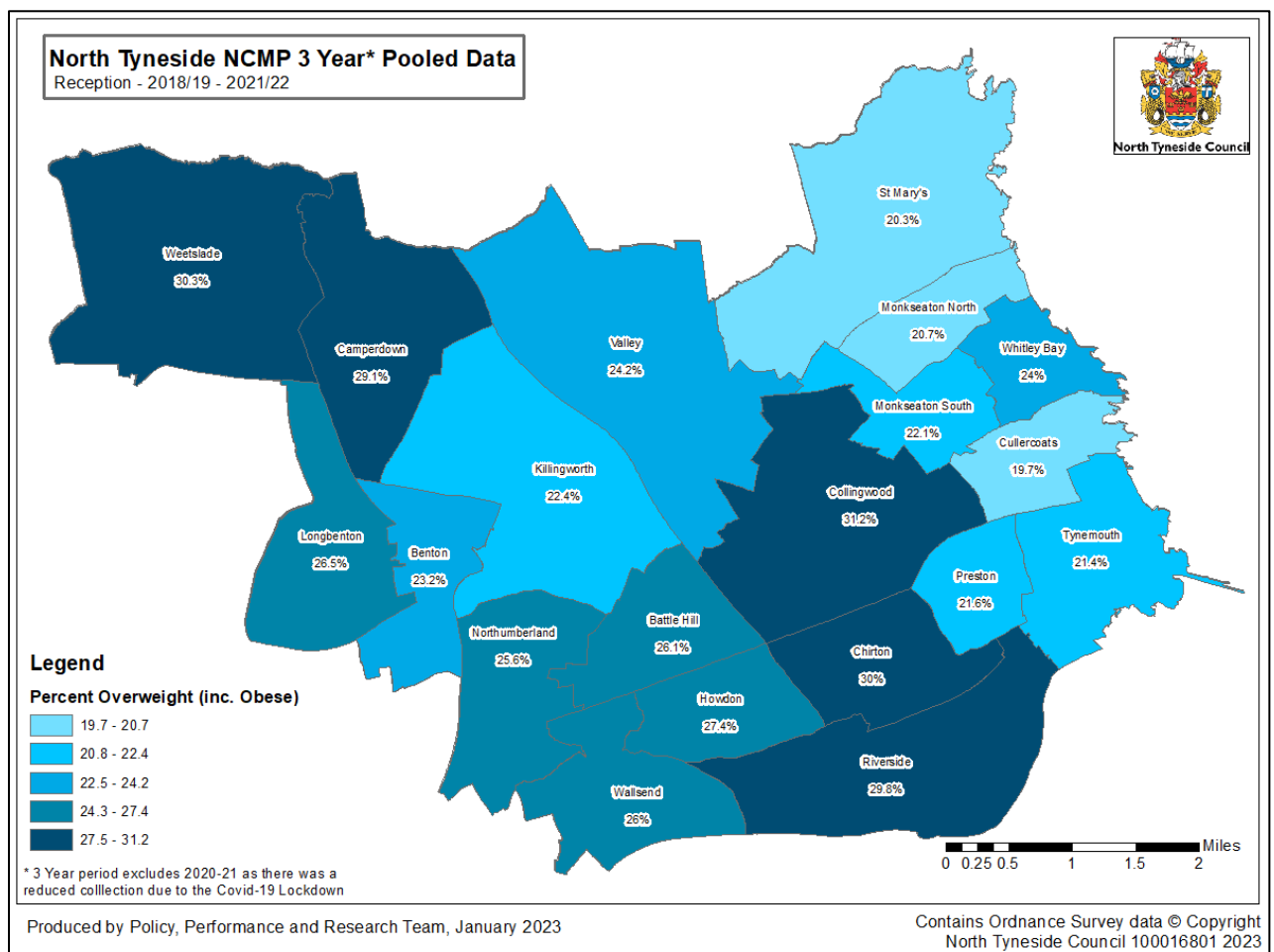
The relationship between deprivation and obesity is well documented. Map 1. below shows the 2019 Index of Multiple Deprivation mapped to North Tyneside, with the darker colours representing the most deprived areas, and the lighter colours representing the least deprived areas.

Map 1. 2019 Index of Multiple Deprivation

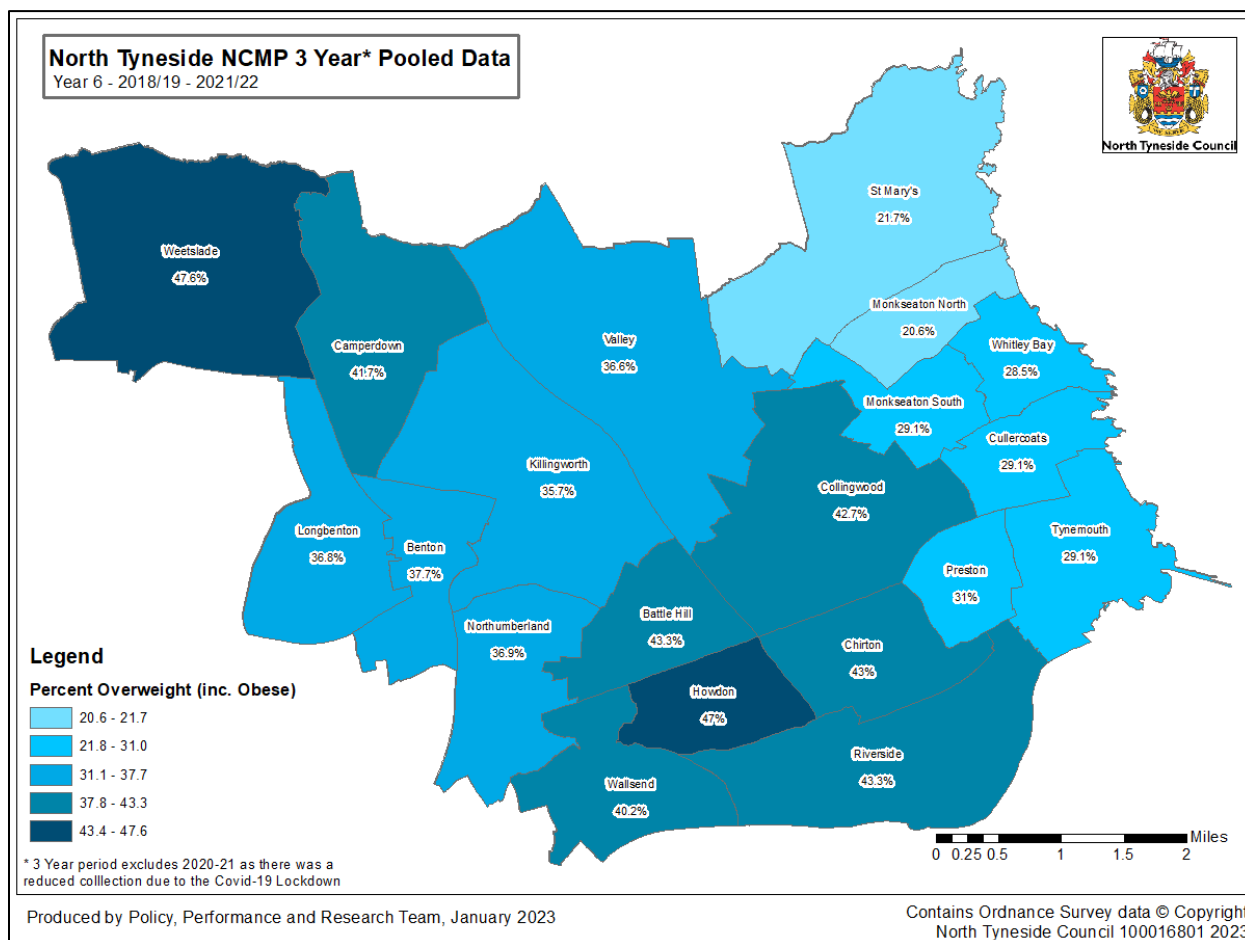


Map 2. and Map 3. show rates of overweight and obesity for Reception and Year 6 children, combined across a 3-year period (2018–2022 – 2020–21 data is excluded due to Covid 19 restrictions). The most deprived wards (e.g., Riverside, Chirton, Howdon) are among those with the highest rates of childhood overweight and obesity. Conversely, the least deprived wards in the borough (e.g., St Mary’s, Monkseaton North) are among those with the lowest rates of childhood overweight and obesity.

Map 2. Reception: Prevalence of overweight (including obesity) 3-years data combined 2018–2022



Map 3. Year 6: Prevalence of overweight (including obesity) 3-years data combined 2018-2022



Ethnicity

People of Black, Asian, and other ethnic minority backgrounds are at an equivalent risk of diabetes and other health conditions or mortality due to excess weight at a lower BMI than White populations. Although local level data is not available on rates of overweight and obesity within ethnic groups across North Tyneside, it is reasonable to assume that prevalence rates in North Tyneside will mirror those seen nationally. It is possible to extrapolate approximate figures within North Tyneside based on current population estimates and national prevalence rates (Table 3).

Table 3. Population breakdown of ethnic categories within North Tyneside³⁰

Ethnic category	Population % of North Tyneside	Approx. number of adults	National prevalence % rates	Approx. number of adults classified as overweight or obese
White Other	1.5%	2,509	59.1%	1,482
Asian	1.9%	3,178	57.6%	1,830
Mixed	0.9%	1,505	60.1%	904
Black	0.4%	669	70.8%	473
Total population of adults North Tyneside = 167,310				

Learning Disabilities (LD)

Within North Tyneside 22% of the LD population are overweight and a further 35% are obese, giving a total of 57% (almost 2 in 3)³¹. More severe health risks are seen in a person with obesity (or severe obesity) versus a person who is classified as overweight³².

6. Unmet Needs

Weight management services

North Tyneside Council offer a children's Tier 2 weight-management service (children with a BMI $\geq 91^{\text{st}}$ centile), and an adult Tier 2 weight-management service (adults with a BMI usually ≥ 25). In addition, Tier 3 specialist weight-management services (adults with a BMI usually ≥ 35) are also available, which are funded by the ICB and provided by Northumbria Healthcare Trust.

On the basis that 70.7% of the North Tyneside adult population are classified as overweight or obese, this equates to approximately 118,300 adults who are potentially eligible for a weight-management service.

On the basis that 25.9% of Reception pupils and 38.1% of Year 6 pupils in North Tyneside are classified as overweight or obese, this equates to approximately 1,200 Reception children, and 1,800 Year 6 children who are eligible for the Tier 2 children's weight-management service.

³⁰ [OHID obesity and ethnicity 2021/22](#) & [ONS 2021 Mid-Year Population Estimates](#)

³¹ [Obesity and weight management for people with learning disabilities 2020](#)

³² [NHS obesity](#)

- Current capacity for children's Tier 2 services: approximately 120 spaces (annually)
- Current capacity for adult Tier 2 services: approximately 400 spaces (annually)
- Current capacity for adult Tier 3 services: approximately 570 spaces (annually)
- Total capacity 1,090 (annually)

In both settings the level of need greatly exceeds capacity, resulting in large unmet need.

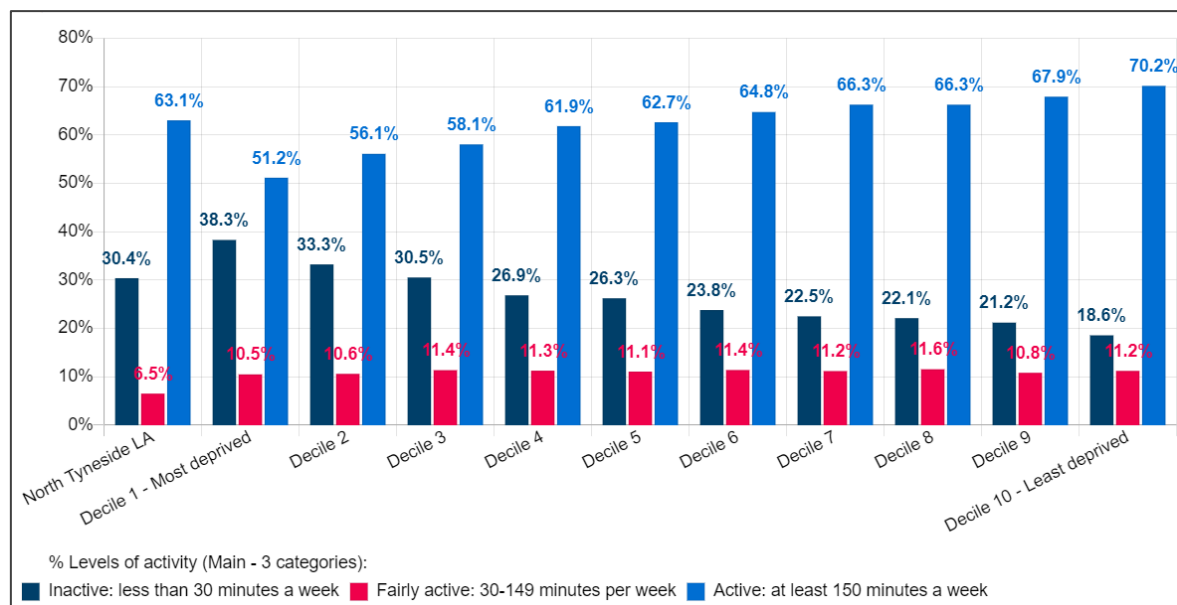
Physical Inactivity

In addition to a higher BMI, higher levels of physical inactivity are also correlated to deprivation. Meaning that as the level of deprivation increases, the level of physical activity decreases - this is shown in Figure 4.

The data show that 30.4% of adults in North Tyneside are physically inactive (engaging in less than 30 minutes of moderate intensity physical activity per week). A further 6.5% are only fairly active (engaging in 30-149 minutes of moderate intensity physical activity per week)³³. Equating to 36.9% of the North Tyneside adult population not meeting the Chief Medical Officer guidelines for physical activity of a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week, or an equivalent combination of the two.

³³ [Sport England Active Lives Survey](#)

Figure 4. Levels of activity in adults (aged 16+) by deprivation quintile & overall levels of activity in North Tyneside (November 2021–2022)



Source: [Active Lives Survey 2021–2022](#)

7. Projected Need and Demand

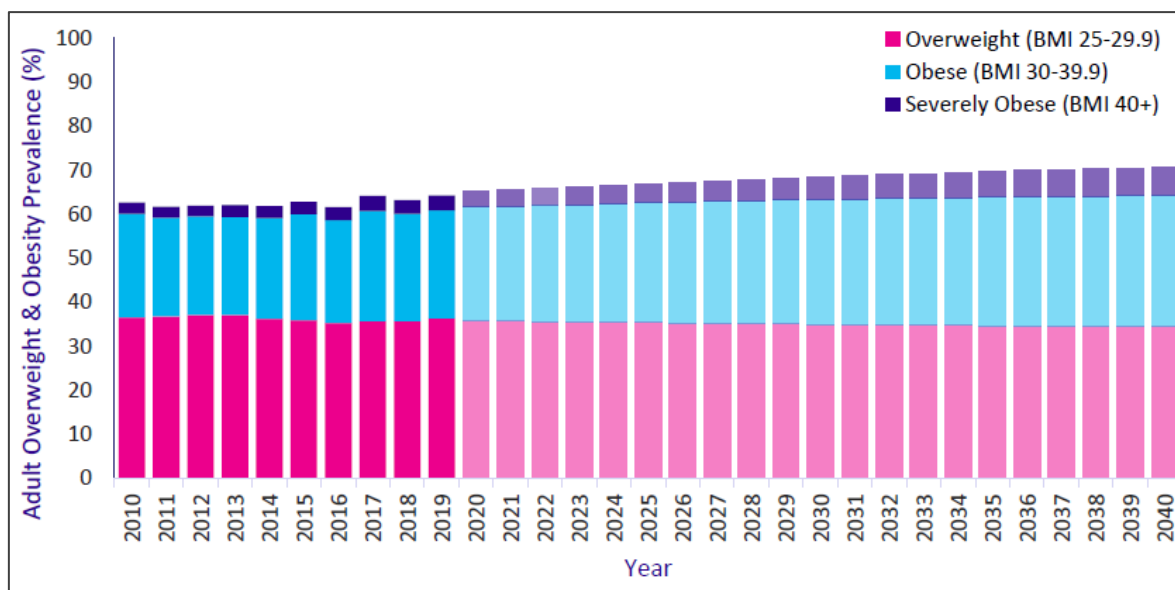
Government targets set out in the policy paper ‘Tackling obesity: empowering adults and children to live healthier lives’³⁴ are to reduce the number of adults living with obesity, and to halve childhood obesity by 2030. However, nationally projected rates of overweight and obesity in Reception pupils are expected to rise to almost 25% by 2040, with the rate among Year 6 pupils expected to rise to over 40%³⁵.

Furthermore, as shown in Figure 5 below, projected trends in data for adults (16+ years) suggest that overweight, obesity and severe obesity will all increase over coming years. This upward trend is likely to have been accelerated by the impact of COVID-19. It is projected that there will be more individuals who are obese compared to people who are healthy weight in the UK by 2040 – making obesity the most common BMI status³⁶. This will mean increased demand on local authority weight management support services and NHS services.

³⁴ [Policy paper 2020: Tackling obesity: empowering adults and children to live healthier lives](#)

³⁵ [LGA report 2022 Future health challenges: public health projections - childhood obesity](#)

³⁶ [CRUK 2022 report](#)

Figure 5. Overweight and obesity prevalence projections for adults (aged 16+) in the UK

8. Community Assets and Services

North Tyneside has a range of the community assets and services that could contribute to reducing levels of overweight and obesity.

Active North Tyneside

There are a range of initiatives on offer for adults and children to support physical activity and healthy weight within North Tyneside. The Active North Tyneside (ANT) team are responsible for this portfolio. The primary purpose of ANT is to improve the health and wellbeing of residents and reduce health inequalities across the borough. ANT aims to tackle health inequalities by specifically encouraging uptake in the 0-20% most deprived areas in the borough and by directly targeting vulnerable groups, for example, young men and women who are not in education, employment or training (NEET), Looked After Children and Troubled families.

Pregnancy and Early Years settings

In North Tyneside there are interventions during the 1001 critical days and beyond. These interventions take a preventative approach to obesity before

children transition into school. Initiatives currently underway within North Tyneside include:

- Development of an infant feeding strategy (evidence demonstrates that breastfeeding significantly decreases the risk of obesity in children). North Tyneside's 0-19 service holds the UNICEF gold award for infant feeding.
- Increasing the uptake of Healthy Start Vouchers which is a significant part of the Healthy Child programme.

North Tyneside Healthy Schools award

The Healthy Schools award is to recognise schools' achievements in supporting the health and wellbeing of their pupils. As part of the award schools must ensure that their curriculum includes opportunities for pupils to learn about different types of food in the context of a healthy and a balanced diet (using the Eatwell guide).

Parks, open spaces & leisure facilities

North Tyneside has a wealth of parks and open spaces which residents can utilise for recreational purposes such as physical activity. In addition, there are several beaches and coastal promenade areas residents can readily access. Council sport and leisure facilities include five leisure centres (four of which have swimming facilities) also an outdoor foot and mini golf course. In addition, North Tyneside also has a large amount of cycling infrastructure in place.

Voluntary and community sector

North Tyneside Council have an excellent relationship with the voluntary and community sector (VCS) via VODA. VODA is a registered charity that provides support, advice, training and information to volunteers and VCS organisations operating in North Tyneside. The council work closely with VODA to ensure that funding opportunities are communicated with the sector to support initiatives around healthy weight (alongside other key priority areas).

The Living Well North Tyneside platform³⁷ (launched in summer 2021) brings together a range of organisations consisting of the local authority, VCS and healthcare. The aim is to connect communities with trusted information, helping local residents find and access services, activities, and events (including those in relation to weight-management) to support them to live well locally.

Workplace settings

Many organisations within North Tyneside already promote healthy lifestyles and consider the health of their employees. The Better Health at Work Award recognises the efforts of employers in addressing health issues within the workplace and helps them capture their achievements in a structured and supported way. The scheme is open to all employers in the North East, regardless of size, location or type of business. North Tyneside Council hold the highest level of attainment for the award, Ambassador status.

North Tyneside Local Plan

As part of the North Tyneside local plan³⁸ which was adopted in 2017, the council introduced legislation to ban the opening of new hot food takeaways within the borough in the interests of public health. Since the local plan was adopted there have been no new hot food takeaway licences granted. Planning functions within local government are an important lever to shape the natural and built environment, which can contribute to positive health outcomes through green spaces, housing, transport, and town centres. Improving health and wellbeing is a requirement of the National Planning Policy Framework³⁹

9. Evidence for Interventions:

Government strategies, policies and guidance

The government have produced several documents around the importance of tackling overweight and obesity, all of which reference

³⁷ [Living Well North Tyneside](#)

³⁸ [North Tyneside Local Plan](#)

³⁹ [National Planning Policy Framework 2021](#)

evidence on the various types and effectiveness of interventions. Links to key publications are listed below.

Healthy Lives Healthy People 'A call to action on obesity in England' -

White Paper which sets out a framework for population health, reflecting the three major domains of health protection, health improvement and the quality of health services provision.

Healthy Beginnings - Resource which helps health care professionals prevent ill health and promote wellbeing as part of their everyday practice. Health care professionals and care staff use their trusted relationships with children, families and communities to promote the benefits of promoting the best start in life.

Childhood Obesity Plan - The government's plan to reduce England's rates of childhood obesity (published 2016). Updated in 2018.

Reduction and Reformulation - Public Health England's sugar reduction and wider reformulation programme, which incorporates the following:

- Sugar reduction
- Calorie reduction
- Salt reduction
- Commercial baby food for infants under 36 months

Obesity Strategy - Sets out the actions the government will take to tackle obesity and help adults and children to live healthier lives (2020)

NICE guidance

There are several pieces of guidance that have been developed by the National Institute for Health and Clinical Excellence (NICE) which underpin and inform delivery of nutritional advice and of weight-management services.

- Type 2 diabetes prevention: population and community-level interventions (PH35)
- Obesity - working with local communities (PH42)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- Weight management: lifestyle services for overweight or obese adults (PH53)
- Preventing excess weight gain (NG7)

- Type 2 diabetes: prevention in people at high risk (PH38)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)
- Behaviour change: individual approaches (PH49)

10. Views

11. Additional Needs Assessments Required

Given the inextricable link between obesity and physical activity, it is recommended that a needs assessment on physical activity is produced.

12 Key Contacts and References

Key Contact	Andrew Hackett
Job Title	Public Health Practitioner
E-mail	Andrew.Hackett@northtyneside.gov.uk