

## Obesity Strategic Partnership – a ‘whole systems’ approach to obesity for Health in Hackney Scrutiny Commission

<b>Item No:</b>		<b>Date:</b>	4 <sup>th</sup> February 2019
<b>Subject:</b>	Obesity Strategic Partnership - a ‘whole systems’ approach to obesity		
<b>Report From:</b>	<p>Tim Shields, Chief Executive, London Borough of Hackney (LBH)</p> <p>Jayne Taylor, Consultant in Public Health/Prevention Workstream Director, LBH</p> <p>Jack Gooding, Public Health Strategist, LBH</p>		
<b>Presented by:</b>	As above		
<b>Summary:</b>	<p>This report gives an overview of the current state of obesity in Hackney, and the ‘whole-systems’ response that the Council has been leading since February 2016, via the Obesity Strategic Partnership (OSP). The report discusses the impact of the work of the OSP to date, and how success will be measured in future.</p>		
<b>Recommendations:</b>	<p>To note the information in the report, and to endorse the whole-system approach to obesity that the Council is taking with partners.</p>		
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## 1. Obesity in Hackney - the evidence

- 1.1 Obesity has significant health, social and economic impacts. The national economic costs of obesity are significant, £27 billion in total. People who are obese have a shorter life expectancy, are less likely to be employed, and are much higher users of social care and health services.
- 1.2 Overweight and obesity are commonly calculated by body mass index (BMI).<sup>1</sup> Being overweight or obese is linked to a wide range of diseases, most commonly type 2 diabetes, hypertension, some cancers, heart disease, stroke, and liver disease. Obesity can also be associated with poor psychological and emotional health, and poor sleep. Obese individuals may also be more likely to suffer from stigma, which may impact on their self-esteem.
- 1.3 The latest National Child Measurement Programme (NCMP) results from 2017/18 show that in City and Hackney 24.6% of 4-5 year olds had excess weight (obese or overweight). In year 6 in 2017/18, 40.2 % of 10-11 year olds had excess weight (overweight or obese) locally. Values across all age ranges are above regional and national averages (see figures 1 and 2 below).<sup>2</sup>

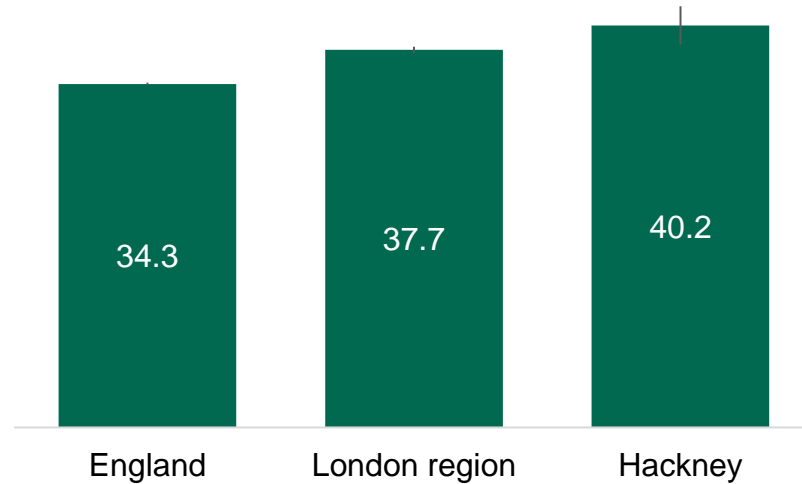
**Figure 1:** Excess weight (overweight and obesity) in Reception Year (age 4-5) children in City and Hackney, London and England (2017/18 NCMP)



Source: Fingertips PHE

<sup>1</sup> Overweight and obesity – the most common method of measuring obesity is using BMI. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese.  
<sup>2</sup>Results for City and Hackney NCMP are combined. Due to the small numbers in the City, the patterns shown primarily reflect the picture in Hackney.

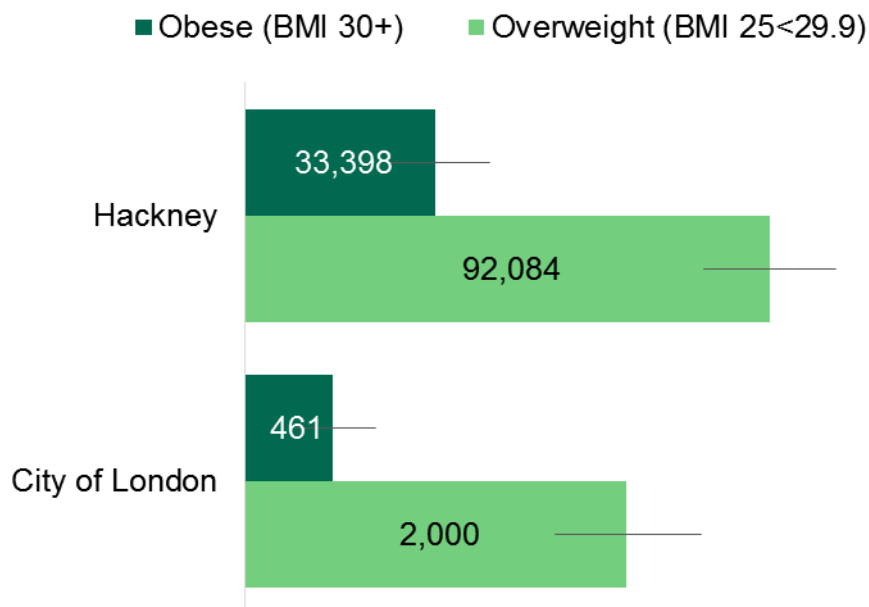
**Figure 2:** Excess weight (overweight and obesity) in Year 6 (age 10-11) children in City and Hackney, London and England (2017/18 NCMP)



Source: Fingertips PHE

- 1.4 Based on GP practice records in Hackney, 59% of adults are estimated to have a BMI in the ‘overweight’ or ‘obese’ range. Applying these prevalence figures to the total resident population, just over 92,000 adults are estimated to be overweight and around 33,400 are estimated to be obese in Hackney (see Figure 3 below).

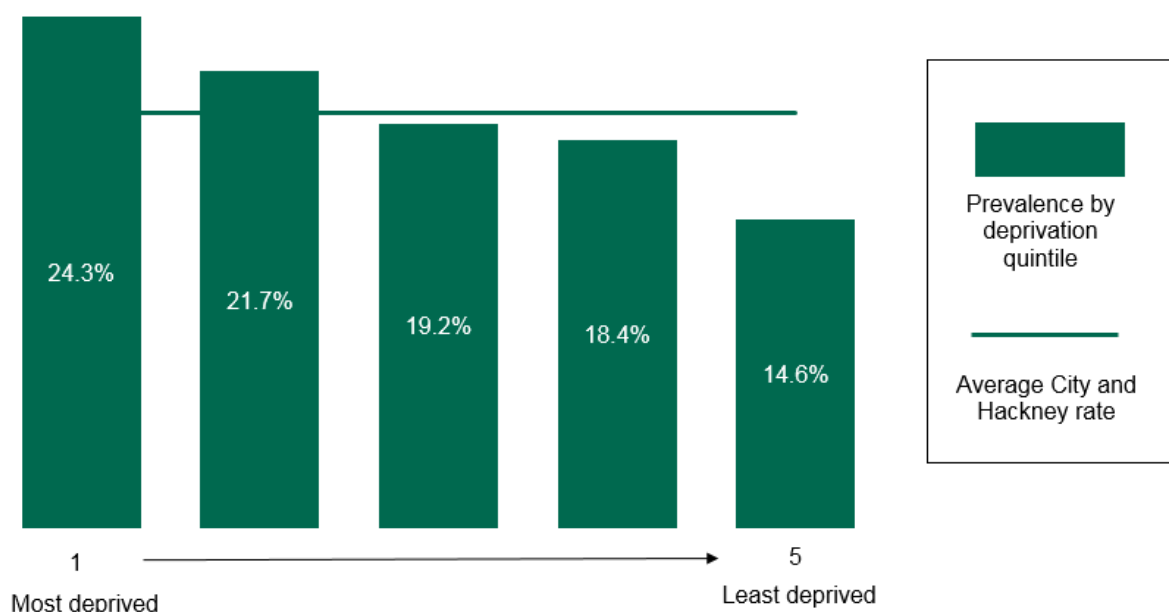
**Figure 3:** Estimated number of Hackney and the City residents who are overweight or obese (age 18+, 2016/17)



Source: [City and Hackney Joint Strategic Needs Assessment](#)

1.5 There are substantial social inequalities in relation to obesity, where those from the most deprived backgrounds are significantly more likely to be obese than those from the least deprived backgrounds. Figure 4 below shows that 24.3% of adults living in the most deprived areas in Hackney are obese, compared to 14.6% in the least deprived. Similar inequalities related to obesity are seen in children. For example in England in 2017/8 at reception age, 26.5% of children from the most deprived 'decile' were overweight or obese, compared to 17.0% of children from the least deprived decile (a similar pattern is observed in Year 6).<sup>3</sup>

**Figure 4:** Percentage of Hackney and the City residents who are recorded as obese (BMI 30+) by their GP, by deprivation quintile (age 18+, 2017)<sup>4</sup>



Source: [City and Hackney Joint Strategic Needs Assessment](#).

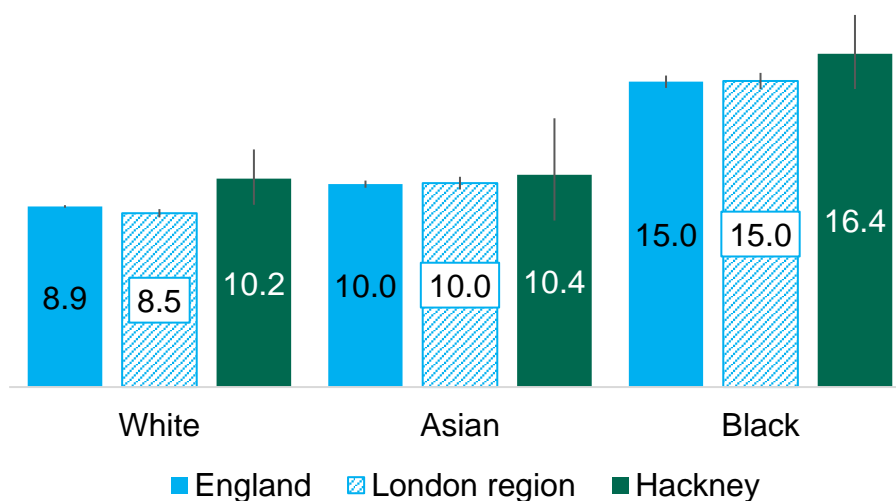
Note: Deprivation is defined using the Index of Multiple Deprivation 2015 (IMD). IMD is a measure of relative deprivation for small areas that combines 37 separate indicators, each reflecting a different aspect of deprivation. Deprivation groupings are reported from 1 (most deprived) to 5 (least deprived).  
 Note: Only includes GP patients with BMI recorded.

1.6 There are also significant differences in obesity prevalence between different ethnic groups. For example, combined five year NCMP data shows the highest rates of obesity are found in Black ethnicity pupils for both Reception and in Year 6 (see figures 5 and 6 below). Similarly, Black adults are the most likely to be recorded as obese by their GP (33.6% in 2017) and White adults the least likely (15.1%).

<sup>3</sup> Deprivation deciles are defined using the Index of Multiple Deprivation 2015. They are created by ranking lower super output areas (LSOA) in England from most to least deprived and dividing these into ten categories with approximately equal numbers of LSOAs in each. Further information can be found in Public Health England's 'Assigning Deprivation Categories' [technical guide](#).

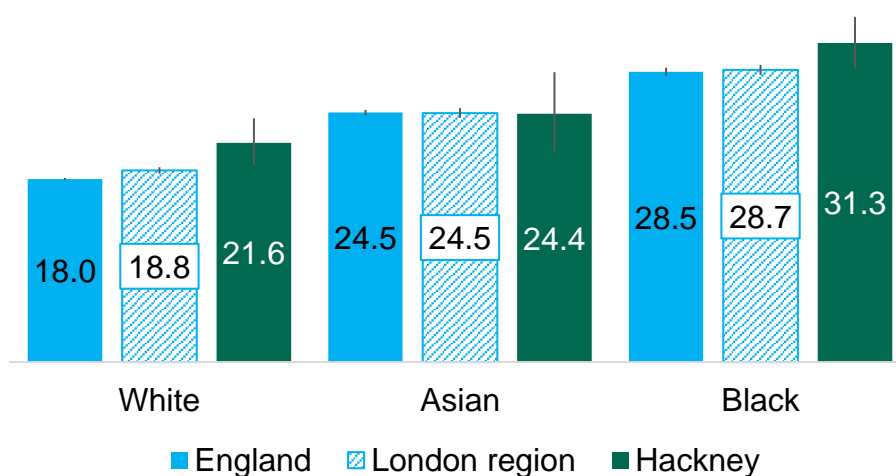
<sup>4</sup> These figures are taken from City and Hackney Joint Strategic Needs Assessment, where the results for the two local authority areas are combined. Due to the small numbers in the City, the patterns shown primarily reflect the picture in Hackney.

**Figure 5:** Obesity (including severe obesity) in Reception in City and Hackney, by ethnicity, 5-years of combined NCMP data (2013/14-2017/18)



Source: Fingertips PHE

**Figure 6:** Obesity (including severe obesity) in Year 6 in City and Hackney, by ethnicity, 5-years of combined NCMP data (2013/14 – 2017/18)



Source: Fingertips PHE

- 1.7 Differences in obesity prevalence are also observed by gender locally, but the picture is more complex. For example, a higher proportion of boys were overweight/obese than girls (22.5% and 21.1% in Reception, and 40.3% and 35.0% in Year 6, respectively, in 2017/18). However, among adults, GP recorded obesity rates are higher amongst women (22.7%) than men (16.4%) (CEG 2017).

### **Box 1: Ethnicity adjustments to child obesity prevalence estimates**

Research has shown that BMI cut-off points used to identify obesity in the UK tend to under-estimate obesity in South Asian children and over-estimate obesity in Black children.<sup>5</sup>

When local NCMP-recorded BMI is adjusted for ethnicity, the overall prevalence of obesity (reception and year 6 combined) is on average 2% lower. This is because Hackney has a relatively higher proportion of primary school children from Black ethnic groups and a relatively lower proportion of children from South Asian groups. However, in Hackney neighbourhoods with a higher concentration of South Asian residents, prevalence accordingly increases following this adjustment.

This new analysis will help orient future work that we do with specific communities on obesity and healthy weight in Hackney. However, it is important to note that the absolute *numbers* (not just % prevalence) of children affected will also inform the work. While the percentage of Black children who are obese decreases following these adjustments, there are still a large number of children classified obese within these communities.

## **2. A ‘whole system’ response - a strategic approach to obesity**

- 2.1 The 2007 Foresight report on obesity took a forward look at how the UK can respond sustainably to rising levels of obesity.<sup>6</sup> It brought together evidence and expertise from across a wide range of disciplines and from professionals and interested organisations both inside and outside government.
- 2.2 The report describes an ‘obesogenic’ environment, where obesity is seen as a ‘normal’ response to an ‘abnormal’ environment and set of circumstances, where it is easier for people to be unhealthy than healthy. The causes of obesity were demonstrated to be complex, and not solely based on individual actions; we are strongly influenced by the circumstances and environment in which we live – often described under three headings (a simplified version of the Foresight systems map is presented in Figure7):
  - the ‘food environment’ – examples include the relative price and availability of unhealthy vs. healthy food, marketing and promotion, portion sizes, and the formulation/content of convenience food;
  - the ‘physical activity environment’ – examples include local transport options, safety issues, technology and labour-saving devices, sedentary jobs, and the availability of PE in schools; and

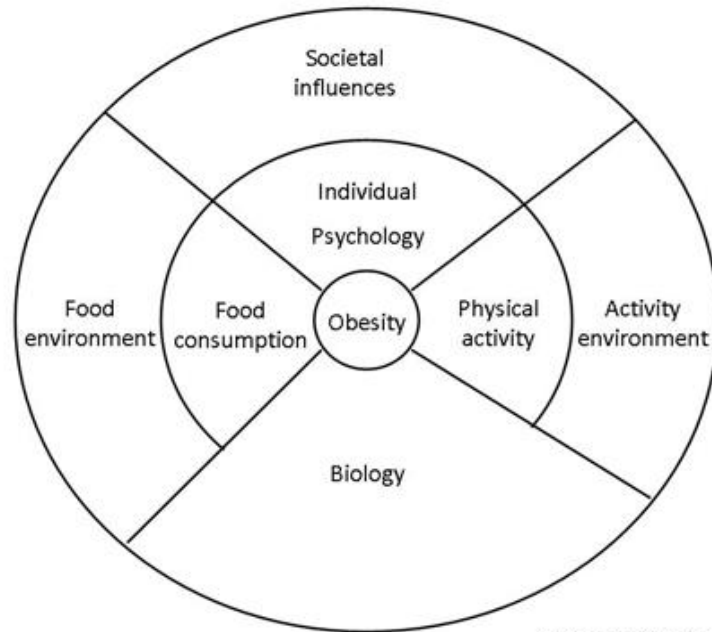
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<sup>5</sup> Patterns of body size and adiposity among UK children of South Asian, black African–Caribbean and white European origin: Child Heart And health Study in England (CHASE Study)

<sup>6</sup> Foresight Tackling Obesities: Future Choices – Project Report 2<sup>nd</sup> Edition (Government Office for Science, 2007) <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

- the ‘social environment’ – advertising, education, social acceptability of overweight and/or obesity, peer pressure, family/social norms, and cultural practices.

**Figure 7: Simplified Foresight obesity systems map**



Source: Foresight systems map, 2007

- 2.3 This means that responding to obesity is complex. It requires a coordinated response across the local obesity ‘system’ by organisations, communities and individuals. The report advised that there is **no single effective measure to reduce obesity, and that only by taking cumulative coordinated action against all the drivers of obesity will we see the level of change required to effectively reduce obesity** levels and overturn the current trends.
- 2.4 Led by the **Obesity Strategic Partnership (OSP)**, since February 2016 Hackney has been working to implement a new local system response to obesity reduction and create a borough where everyone can achieve a healthy weight.
- 2.5 The OSP brings together senior partners from across key council services - transport, parks, business and regeneration, education, housing, children and adult services, regulatory services and environmental health, planning, public health, communications – as well as City and Hackney CCG.
- 2.6 The OSP has concentrated on delivering a small number of actions in each year, making the most of levers available to the partnership to tackle the various and complex local drivers of obesity (as described above). These actions have been based around the following themes:

- working with businesses to improve the food environment, through roll-out of the Healthier Catering Commitment (with a particular focus on hot food takeaways);
- getting people active as part of their everyday lives, including exploring how we can best connect Hackney’s green spaces and improve estate permeability;
- behavioural insight and influence, including the co-production of an affordable healthy recipe pack and commissioning an ethnographic research project with the most affected communities;
- workplace interventions to get staff active, happy, and healthy, including offering weight management services for council staff on-site;
- school-based activities, including implementing the Hackney Daily Mile in 29 primary schools in the borough; and,
- supporting people at high risk of obesity-related harm to access appropriate information, resources and services (see appendix 2 for an overview of local obesity care pathways).

2.7 The current local Healthy Weight Strategy ends in 2019. The main focus of the OSP over the past 12 months has been to build a social movement for change around healthy weight, to inform the development of a new shared vision and action plan, working together with a broad partnership of local organisations, communities, and individuals.

2.8 This has been initiated through a number of engagement events that have expanded participation in shaping the local response to obesity, to include the voluntary and community sector, businesses, schools, the housing sector, health and care professionals, and residents (including children and young people). A whole day collaborative strategy design workshop is scheduled for 7 March 2019, and will include representatives from the groups described above, with the first draft of a new strategy scheduled to be completed and ready for consultation by the end of May 2019 (see table 1 below for a timetable of events). The new long-term strategy will guide our work for up to ten years.

**Table 1: Key engagement groups and dates for the development of the new healthy weight strategy**

<b>Area/group</b>	<b>Engagement dates</b>
Children and young people	October – December 2018
Housing	September 2018 – January 2019
Insight with key communities	October – December 2018
Residents, in partnership with Prevention workstream, and neighbourhoods programme	November 2018
Voluntary and community sector	November 2018
Collaborative strategy design workshop	March 2019



### **3. Measuring the success of local action to reduce obesity**

- 3.1 Taking a 'whole systems' approach to reducing obesity requires us to think differently about how we measure the impact of our work (see Box 2).
- 3.2 The work of the OSP has developed organically since its inception, taking an approach of 'getting things done', trying things out, being curious and learning. We did this by selecting up to five priority actions to concentrate on each year, and reflecting on and adjusting our plans as we went along. As a result, the OSP has made some significant strides over the past three years in implementing various actions and interventions at all levels of the local obesity 'system' (see the accompanying infographic in appendix 1 for an example of some of our successes).
- 3.3 In order to better understand what is working and where we should continue to focus our efforts, we recognise that we need a more systematic approach to monitoring and measuring impact. In keeping with the innovation and learning approach adopted by the OSP to date, we are exploring novel approaches to evaluating the impact of our work, for example using [Revaluation](#) methodology.
- 3.4 This method was developed in order to measure the full value of activity in complex systems. It is a new approach, developed in the context of NHS Change Day 2015, a grassroots social movement for improving patient experience. Revaluation is centrally concerned with revealing the value of an activity in a complex system. Rather than asking "what works", its first question is "what is going on?" For this and other reasons, Revaluation has been described as "a paradigm shift in evaluation". It's currently being used in the Greater Manchester Moving programme, and a range of other regional national evaluations including family nursing, and work on the natural environment.

### **4. Next steps**

- 4.1 As mentioned above, a collaborative design workshop with partners, residents and other key stakeholders will take place on 7 March 2019. The workshop will aim to define a set of principles and a shared vision on how to promote healthy weight and reduce obesity-related harm in Hackney. Included in the workshop will be a discussion of how we can measure success in achieving our aims by taking forward the agreed actions.

## **Box 2: Evaluating complex whole system change – a different approach**

### *Moving the focus away from ‘outcomes’*

The main outcome measures for child obesity are Reception and Year 6 prevalence, based on data collected as part of the NCMP. However, as described in this paper, obesity is a complex issue and there is no single intervention or organisation that can solve it, with many influences playing out at national (or even international) level. An effective and lasting response relies on sustained and focused partnership work to generate meaningful change. Consequently, our local actions are unlikely to result in a significant shift in NCMP outcome indicators over the short-term. Instead, we need to focus on understanding the short and medium term impacts of our work in influencing different levels of the obesity system (not at the expense of, but as a complement to, monitoring formal outcome measures).

### *Considering direct and indirect impacts*

The impact of some of our work to date is relatively easy to evidence and ‘count’ (for example, the number of schools and pupils participating in the Hackney Daily Mile). Other actions have directly led to tangible change, but are less easy to quantify (for example, influencing the Corporate Sponsorship Policy to restrict promotion of sugar sweetened drinks at council events targeted specifically at children).

Further impacts of our work are less direct and even more difficult to measure. For example, where a member of the OSP has taken a policy decision or intervention in their organisation or service area to support the aims of promoting healthy weight (or reducing obesity), where they would not have done so previously. In a recent survey, most OSP members agreed that they now have a better understanding of the role that they can play in reducing and preventing obesity, including increased confidence in suggesting policy changes that support this work.