

## MUNICIPAL YEAR 2013/2014

**MEETING TITLE AND DATE**  
Health and Wellbeing Board  
12 December 2013

<b>Agenda - Part: 1</b>	<b>Item: 5</b>
<b>Subject: Boroughwide Obesity Strategy for Adults and Children</b>	

**Wards: All**

**Cabinet Member consulted:**

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### 1. EXECUTIVE SUMMARY

Enfield has high prevalences of both Reception Year and Year 6 obesity. Adult obesity is at least as high childhood obesity. Enfield has a childhood obesity strategy but as adults are often the gate-keepers for children's health behaviour obesity prevalence in the borough is not going to be reduced until both adult and children's health behaviour is changed.

### 2. RECOMMENDATIONS

To charge Public Health with producing a borough-wide obesity strategy to target both adults and children.

### 3. BACKGROUND

#### Enfield Childhood Obesity

Enfield has high rates of childhood obesity in both Reception Year and Year 6 e.g. third highest prevalence in London for Reception Year and 10<sup>th</sup> highest for Year 6.

#### Reception:

Enfield's rate of obesity amongst reception pupils is high compared to both London and national averages. 13.7% of reception pupils in Enfield are obese, compared to 11.2% across London and 9.6% in England. Enfield's rate is the third highest in London, behind only that of Hackney (including the city of London) and Barking and Dagenham.

## Year 6:

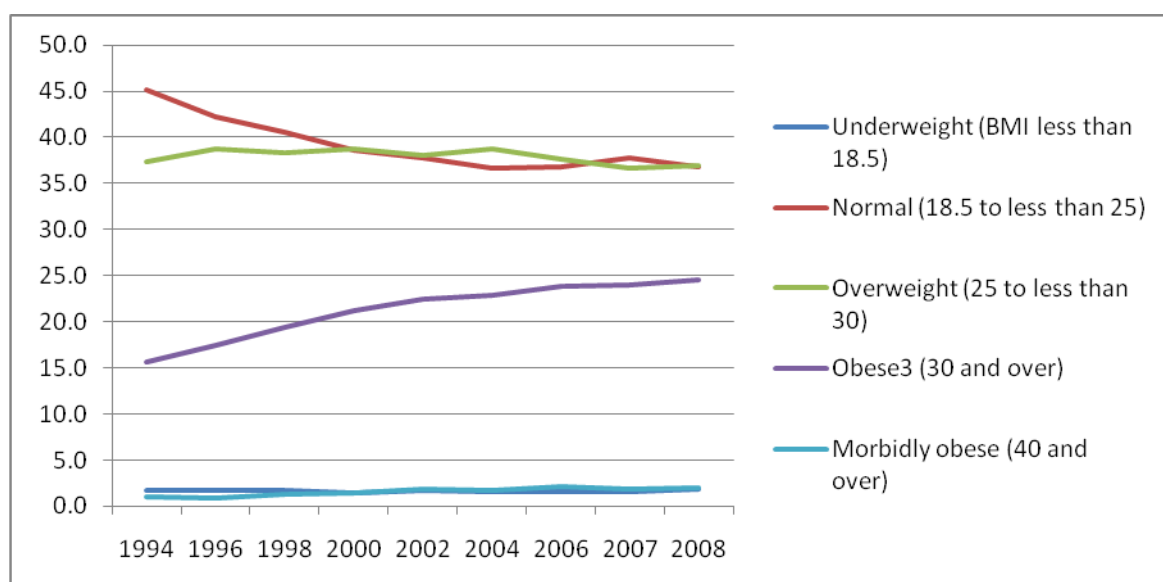
Enfield's rate of obesity amongst Year 6 pupils is almost double that of reception year with 24.2% of Year 6 pupils identified as being obese. This compares to the London's average of 22.1% and England average of 19%. Enfield's rate is the tenth highest in London.

## Adult Obesity:

Prevalence of obesity has increased in the past 25 years over every age-group, social class, ethnicity and gender. In 1986 8% of men and 12% of women were obese. By 1993 this had increased to 13% and 16% respectively and by 2007 had risen again to 24% in both genders. Not only have the overweight become more so but BMI across the whole population has increased. In 2008 61.4% of all adults were either obese or overweight meaning that a 'normal BMI' was no longer the 'norm'.

## Percentages of English population underweight, normal, overweight, obese or morbidly obese.

(Source: Social Trends 40: 2010 edition, p.103 (adapted), Office for National Statistics (ONS), 2010).



## Why is this a problem?

Obesity is related to some 45 diseases including heart disease, diabetes, cancer, high blood pressure and osteoarthritis and is estimated to cost the NHS some £1.5 billion a year. These costs are set to rise as levels of obesity rise. The estimated cost of obesity and overweight in 2007 was £75.7m, £78.6m in 2010 and is expected to rise to £84.1m in 2015.

## Is childhood obesity related to adult obesity?

Obesity prevalence in Year 6 is double that of prevalence in Reception Year and already that of adults. There is no evidence to suggest that the causes of childhood obesity are different from the causes of obesity in adults. As adults are often the gate-keepers for children's behaviour and as obesity can develop at any age it would seem prudent to work at a borough level across all ages to

reduce population obesity prevalence as a means of reducing childhood obesity prevalence.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

Do nothing – this is disregarded as it will incur increasing expense to the health and social care economy as long-term conditions occur as a result of obesity.

Only concentrate on children. This is unlikely to reduce the disease and financial burden of obesity and is unlikely to be effective as adults are often the gatekeepers for children's behaviour.

#### **5. REASONS FOR RECOMMENDATIONS**

- 1) The disease burden of obesity is significant (over £40m)
- 2) The consequences for obese individuals are significant
- 3) As adults are very often the gate-keepers of children's behaviour a significant reduction of childhood obesity is unlikely without also targeting adult behaviour
- 4) There would be little gain if people were of normal weight at aged 11 only to become obese by adulthood.

#### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

##### **6.1 Financial Implications**

No financial implications beyond PH resource time.

##### **6.2 Legal Implications**

None

#### **7. KEY RISKS**

None

#### **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

- 8.1** Healthy Start – Improving Child Health
- 8.2** Narrowing the Gap – reducing health inequalities
- 8.3** Healthy Lifestyles/healthy choices
- 8.4** Healthy Places
- 8.5** Strengthening partnerships and capacity

An effective borough-wide strategy to reduce obesity would impact on all the above.

## **9. EQUALITIES IMPACT IMPLICATIONS**

None until a borough-wide strategy has been written. However, obesity prevalence also varies by ethnicity implying that a strategy would impact positively on equalities.

### **Background Papers**

None.