

Healthier Weight Strategy for Shropshire: Key Findings Through Health Needs Assessment

Shropshire Public Health, December 2022

Introduction

This document summarises key findings of the Health Needs Assessment (HNA) undertaken to inform Shropshire's forthcoming Healthier Weight Strategy. It describes the HNA process detailing the scale and drivers of unhealthy weight in Shropshire and opportunities for developing a whole-system approach to healthier weight. The full HNA is available on request.

Background

Reducing obesity is a priority for Shropshire's Health and Wellbeing Board (HWBB) as well as Shropshire's Integrated Care Board (ICB). Healthy weight and physical activity also represent key areas of focus within the Health and Wellbeing Strategy 2022-2027 and are linked closely with food insecurity and children and young people's health and wellbeing. Unhealthy weight is a complex problem. It is about more than simply an imbalance between the amount of energy we consume and the amount we expend. Both evidence and expert opinion points to changes in the wider environment, including both the food and physical environment as the main drivers of the dramatic increase in overweight and obesity seen in recent decades. These drivers have an impact on weight throughout the life course. When unhealthy weight occurs during childhood, it mostly persists into adolescence and adulthood. At population level, the treatment of obesity has limited effectiveness in the longer term and as such the prevention of unhealthy weight in the first place is critical.

For this reason, the Healthier Weight Strategy for Shropshire will focus on preventing unhealthy weight across the life course by using a whole-system approach to tackle its wider determinants.

HNA Methodology

The specific objectives of the HNA were to:

- i) understand the burden and impact of overweight and obesity in Shropshire
- ii) understand the health inequalities related to overweight and obesity
- iii) identify the barriers to living with unhealthy weight in Shropshire as well as existing assets

To achieve these objectives, the HNA involved:



- (1) a local data and evidence review using a range of data sources. These included those from Office of Health Improvement & Disparities (OHID); National Health Service (NHS); and Local Government Association (LGA). A literature search and review were performed to provide the evidence for interventions for both the treatment and prevention of unhealthy weight
- (2) Public and stakeholder engagement was conducted through a range of methods, including consultation surveys and direct stakeholder conversations, through informal workshops, team meetings and formal partnership board presentations and discussions. A partnership with Shropshire Youth Association was established to run workshops to engage specifically with children and young people (CYP).

Key Findings

1) Local data review

The scale of the problem in Shropshire and inequalities

- 67.4% of adults aged 18+ are overweight or obese in Shropshire. 32% of adults are obese-this is significantly higher than the national average for England and 2nd highest among 15 closest comparator local authorities. There is a small but steady increase over time, although this is not statistically significant.
- Certain areas of the county are more affected than others, with unhealthy weight rates in Gobowen, Selattyn and Weston Rhyn among the 20% highest nationally.
- Of people attending for NHS Health Checks, 37.8% in the most deprived group had a BMI >30 compared to 15% of those in the least deprived group.
- 22.1% of children aged 4-5 years old are overweight or obese, increasing to 30.7% among those aged 10-11 years. These rates are either similar to or better than the regional and national average.
- Bishop's castle, Whitchurch and Oswestry have higher rates of children with unhealthy weight than the rest of Shropshire and are all among the 50% most deprived areas.
- 24.1% (95%CI 22.4-25.8) of people in early pregnancy are obese which is higher than the national average. Rates of overweight and obese people in early pregnancy are highest in Market Drayton (58.5%) and Whitchurch (59.8%).
- Hospital admissions related to obesity in women are higher than the national average at 2,312 per 100,000.
- Diabetes prevalence is likely underestimated, with a lower than national average diagnosis rate of 71% (95% CI 67.9,74.9).



Drivers of the problem

- Unhealthy weight is inextricably linked with socioeconomic deprivation
- The food environment has a major influence - with access to affordable, nutritious food being an important barrier.
 - Around two-thirds of adults do not meet the recommended consumption of 5 portions of fruit and vegetables on a usual day (63.3%). Around half of 15-year-olds are eating 5 portions of fruit and vegetables daily in Shropshire.
 - More households than the national average are struggling with hunger and food poverty, and an 16.6% of children are eligible for free school meals.
 - There is a price discrepancy in food retailers across the county, with inflation-related price increases seen in the most affordable options. The availability of supermarkets and low-cost food varies widely across the county.
- The built environment including how people travel and exercise
 - Rates of physical activity among adults is higher than the national average, although almost half of children and young people are not meeting national physical activity guidelines
 - Active travel, public transport use and the use of outdoor space for health is low
 - Public transport access to schools is low across the county
 - There is a good supply of leisure facilities across the county, with barriers to access unclear

2) Public and Stakeholder engagement

Key findings from the public consultation survey and CYP engagement include:

How unhealthy weight is understood and valued

- Healthy weight is a complex, emotional issue which people care about. Experiences and drivers of unhealthy weight vary broadly across the population.
- There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing. Particularly among young people, weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight i.e., body positivity
- There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders



- Some groups are more affected than others, and an inclusive approach would consider their specific needs, including those with mental health conditions, certain physical health conditions, those with physical and learning disabilities, children and young people, women in menopause and older adults

Barriers and limitations to healthy eating and physical activity

- Top healthy diet barriers include: the amount of unhealthy food available, too many opportunities to eat high sugar/fat snacks, having time to prepare healthy food, and motivation and affordability of healthy food
- Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost

Opportunities for action

- Few stakeholders believe pregnant women and early years children are well supported or that young people and family needs are being met. Reasons included limited preventative services, a need for specific support for young people, those with learning disabilities, and whole family lifestyle support
- Opportunities for support and influence may lie outside of the healthcare system, including internet or social media as well as apps/technology
- Stakeholders identified four main areas of opportunity: making best use of current support; increasing awareness of support; opportunities to integrate into strategies and ways of working; and opportunities to work differently/add support

Assets

There are a number of existing assets in Shropshire for developing a whole-system approach to obesity. Assets refer to services, programs, structures, strategies and both professional and community groups which address the determinants of healthy weight and work to prevent its occurrence or consequences.

The table below is intended as an example of the assets available and as such does not represent an exhaustive list.

Aspect of a whole-system approach to unhealthy weight	Example Asset
Support across the life course	
<ul style="list-style-type: none"> ○ Pregnancy and post-natal period 	<ul style="list-style-type: none"> ▪ National Healthy Start Voucher Scheme and uptake campaign ▪ Healthy Pregnancy Support Service (SATH)
<ul style="list-style-type: none"> ○ Early Years and School 	<ul style="list-style-type: none"> ▪ Early Help Family Hubs ▪ Oral Health Programme ▪ Free School Meals



Weight management	
<ul style="list-style-type: none"> ○ Individual preventative support 	<ul style="list-style-type: none"> ▪ Social Prescribing ▪ NHS Universal prevention - Better Health https://www.nhs.uk/better-health ▪ NHS Digital Weight Management Programme ▪ NHS Diabetes Prevention Programme ▪ NHS specialist Tier 3 (specialist multi-disciplinary) programme ▪ NHS Tier 4 medical and surgical management of complex obesity
Food Environment	
<ul style="list-style-type: none"> ○ Food poverty 	<ul style="list-style-type: none"> ▪ Shaping Places Programme ▪ Food banks
<ul style="list-style-type: none"> ○ Community food 	<ul style="list-style-type: none"> ▪ OsNosh ▪ Hands Together Ludlow
<ul style="list-style-type: none"> ○ Partnerships 	<ul style="list-style-type: none"> ▪ Shropshire Good Food Partnership
Built Environment and physical activity	
<ul style="list-style-type: none"> ○ Community Sport 	<ul style="list-style-type: none"> ▪ Energise ▪ Together We Move ▪ Leisure Centre Facilities
<ul style="list-style-type: none"> ○ Active travel 	<ul style="list-style-type: none"> ▪ School streets ▪ Improved walking and cycling routes

3) Evidence for the whole-system approach

Whilst it is challenging to provide summative evidence of the effectiveness of complex interventions such as whole-system and whole-population approaches to unhealthy weight, there is emerging evidence in both UK and international literature of the various benefits of this approach. It has been shown to reduce unhealthy weight in children, improve breastfeeding rates and increase the consumption of fruits and vegetables with the largest improvement seen in the most deprived groups. Prevention-focused whole-school approaches which include environmental changes with diet and physical activity aspects have been shown to be more effective than either aspect alone in improving healthy lifestyle behaviours. Programmes which involve the family and parents are particularly effective.

There is also significant building evidence of the impact of environmental interventions delivered by various system actors in influencing the drivers of unhealthy weight. Food environment interventions such as the soft drinks industry levy and the banning of junk food advertising on transport networks have led to measurable reductions in obesity and diet-related disease. Versions of these interventions have been introduced by local authorities across the country. Other measures such as changing food procurement policy in hospitals as well as working with planners and the food industry (supermarkets, takeaways) can lead to improvements in healthy food choices.



Improvements to the built environment can also have significant impact, particularly on the least active in society. Improving walking and cycling routes and their connectivity, reducing car access, and reducing cost barriers to leisure facilities can all improve rates of active travel and physical activity which could lead to benefits in healthy weight.

All the above intelligence has been used to inform the priorities, key objectives for change and the underpinning principles that will guide delivery of our Healthier Weight Strategy.

