

Rotherham Healthier Weight and Physical Activity Health Needs Assessment 2021

Accurate as of December 2021

Executive Summary

A healthier weight and adequate levels of physical activity are important elements of maintaining a healthy lifestyle, which helps to prevent against, and mitigate symptoms of, a variety of physical and mental health conditions. Excess weight, diets that are not nutritionally balanced and low levels of physical activity all contribute to a significant burden of disease within Rotherham.

Weight, diet and physical activity levels are all influenced by a range of factors. Some of these are non-modifiable risk factors, that cannot be changed, such as age and ethnicity. The wider environment also plays a large role, for example, through a shift towards more sedentary lifestyles and the availability and affordability of energy dense, nutritionally poor food. These risk factors are not equally distributed across the population, with a heavier burden on people who live in deprived areas and minoritised ethnic communities.

The benefits of reducing these risk factors goes beyond a reduction in health conditions. Activity in a safe, welcoming environment with other people can improve mood and reduce social isolation. The resultant improvements to physical and mental health from maintaining a healthy weight, diet and adequate levels of physical activity also have a significant economic impact. In addition, to the reduction in use of NHS services, healthier people are more likely to be in employment and take fewer sick days and less likely to retire early. These health and economic benefits are compounded by the fact that often health behaviours such as smoking and physical inactivity occur together. When efforts are made to reduce one risk factor, this may also reduce the burden of other risk factors.

The complexities involved in both ensuring healthier weight, diet and physical activity levels mean there is no one single intervention which will be sufficient to resolve such issues. Input and support from a wide range of engaged stakeholders across the system, working in partnership to consider how best to target risk factors locally, is required.

The impact of the COVID-19 pandemic should also be considered. The impact of various restrictions since March 2020 mean that many people have significantly altered their lifestyle. For some, this will have meant eating more nutritious food and exercising more regularly, others may have reduced their exercise levels, snacked more and ordered more takeaways. Tied into this are changes to individual's and families' economic situations. Those who live in more deprived areas have generally been more negatively affected by the pandemic with a higher burden of COVID infections but also a greater likelihood of economic insecurity. The full impact of the COVID-19 pandemic has yet to be determined and the true impacts may not be understood for several decades. In the meantime, the currently available data should be utilised to ensure that any interventions planned do not serve to further worsen any health inequalities.

Data Headlines

The boxes below show some key data for excess weight, underweight and physical activity. In general, Rotherham performs worse than the national average for most measures. Of note, there is currently a lack of granular data locally (for example, prevalence of excess weight by age, sex, ethnicity or geography) which could be used to identify areas of highest need to target interventions.

Excess Weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average.

- 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally
- 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally
- 72.9% of adults in Rotherham overweight or obese in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight
- 28.3% of women in Rotherham were obese in early pregnancy in 2018/19, compared to 22.1% nationally
- National Child Measurement Programme data appears to show a significant increase in excess weight for 2020/21 (4.7%) which is likely to have been mirrored locally

Underweight

Generally, there is a lack of local data about the prevalence of underweight in adulthood.

- 0.6% of reception age children were underweight in 2019/20, compared to 0.9% nationally
- 1.8% of Year 6 children were underweight in 2019/20, compared to 1.4% nationally
- Nationally, Health Survey for England data suggests that around 2% of the adult population (16+) are underweight – this would equate to around 3500 adults in Rotherham
- Nationally, referrals for childhood eating disorder services have doubled since the COVID-19 pandemic
- Note that undernourishment is not synonymous with underweight; people who are undernourished may be of a 'healthy' weight

Physical Activity

- 42.4% of children and young people in Rotherham were considered physically active in 2018/19, compared to 46.8% nationally
- 64.3% of adults in Rotherham were considered physically active in 2019/20, compared to 66.8% nationally
- Uptake of cycling in Rotherham is particularly low, with just 0.3% of adults cycling for travel 3 or more days a week in 2018/19, compared to 3.1% nationally

Reflections on the Current System in Rotherham

Certain elements of the current system in Rotherham function well, especially where strong positive relationships exist between partners. Of note, some programmes seem to have had particular success where the non-physical-health benefits of exercise and diet have been the primary focus of activities (for example, mental wellbeing days or use of physical activity as a behaviour management tool in schools).

There are, however, some current issues within the system. These include:

- A lack of unified approach to ensuring a healthier weight
 - Competing priorities, historical tensions and a feeling that it's a 'public health issue' all contribute to this
 - Can result in gaps in service provision or duplication of services
- Poor data quality
 - There is a lack local granularity on excess weight/physical activity which makes it hard to identify areas of highest need and therefore target services
 - Data is often self-reported, people who respond to surveys may be more motivated to lose weight than non-responders
 - Can be difficult to measure the success of programmes (for example, continuation of physical activity at a different club is hard to capture)
 - May be less data about interventions in certain groups (for example, those with severe mental illnesses)
- A lack of single, clear, up-to-date resource to signpost people to
- The cost and location of currently available services means that those who probably have the greatest need are not always able to access services
- The projects that are available are often not sustainable due to funding or resourcing, which ties into difficulties with signposting people to resources
- Service users are not always at the right stage to consider changing certain health behaviours (e.g., diet alterations)

Key Recommendations

Many potential actions to influence weight, diet and physical activity lie outside of the remit of Place. The recommendations below, however, are areas where practice could be improved locally:

- There is a need for an excess weight prevention pathway, with clarity of joint vision and responsibilities appropriately shared across partner organisations
- Greater data collection and information sharing between partners would improve understanding of need at a small geography level and may help to target services
- A more visible Tier 1 primary prevention presence across the borough may be of benefit as part of a wider prevention pathway
- There should be consideration of the creation of a physical health prevention online resource or addition of physical health resources to the website Rotherhive/Gizmo
- Future services or interventions should ideally include an element of co-production
- There is a need to recognise the behaviour change cycle and that at any point in time, an individual may find themselves more or less willing to engage or have capacity to change behaviours
- There should be a greater focus on provision for children, particularly in the early years settings
- There should be a greater focus on food and dietary changes in organised settings, combined with a focus on encouraging physical activity outside of organised settings
- Environments should be designed to promote healthy choices as the easiest and most convenient option

- Adult Tier 2 weight management services and Health Checks should be recommissioned
- It should be ensured that future actions do not serve to worsen health inequalities