

Better Health Evidence Base

South Staffordshire

Insight Team

March 2023



Background

- Healthy weight identified as a key priority for Staffordshire in the latest Joint Strategic Needs Assessment (JSNA).
- 'Better Health Staffordshire' is the branding for a Whole Systems Approach to tackle the causes of excess weight and promote a healthy weight and active lifestyle.
- This shared evidence base sets out Staffordshire's current position, drivers of excess weight and areas of focus to inform vision work and future planning.
- To be used alongside professional knowledge and other local intelligence.
- Insights will also contribute to a wider evidence base to inform future decision-making on wider determinants that impact on healthy weight and active lifestyles.



Analysis Approach

- Utilised a range of national and local data sources National Child Measurement Programme (NCMP), Public Health England Profiles, NHS data (NHS digital), Active Lives Survey and more.
- Underpinned by statistical techniques (age standardisation, 95% confidence intervals). If a prevalence is described as higher it will be statistically significantly higher.
- Supported with resident voice intelligence where appropriate.
- Delivered in collaboration with SCC's Public Health and Children and Families teams.
- Data caveats:
 - Some local NCMP data aggregated into 3 year averages due to small numbers. Due to Covid-19, 2020/21 NCMP data has not been released at Local Authority level.
 - Population data uses the BMI classifications for adults and BMI thresholds for children, as recommended by the National Institute for Health and Care Excellence (NICE).
 - BMI classifications should not be used to describe individuals. Positive and sensitive language is encouraged when communicating with individuals and residents.



Key Headlines

- The proportion of Reception age children living with excess weight and obesity has steadily decreased over the last three years and is similar to national levels.
- In line with national trends, levels of Year 6 excess weight and obesity have increased in recent years but remain similar to national levels. However, South Staffordshire ranks high among its statistical neighbours.
- Healthy weight challenge for children mainly focussed in the north of the district and in areas of higher deprivation. However, challenges and opportunities exist across the district and shift over time.
- 7 out of every 10 adults live with excess weight in South Staffordshire, higher than the national average.
- Wider impact on residents health and on the system Obesity related long term conditions and hospital admissions higher than national.
- Fruit and vegetable consumption and activity levels in South Staffordshire are similar to national but 3 in 10 South Staffordshire children are active for less than 30 minutes a day and 1 in 4 South Staffordshire adults are active for less than 30 minutes a week.
- COVID-19 likely to have negatively impacted lifestyle behaviours Staffordshire's residents reported a mixed impact on healthy lifestyles during the first lockdown.

At Reception age ...



In South Staffordshire...

Levels of excess weight and obesity in Reception both remain similar to national.



1 in 5 live with excess weight (similar to national)

1 in 10 live with obesity (similar to national)



Levels of excess weight and obesity have steadily decreased over the last 3 years

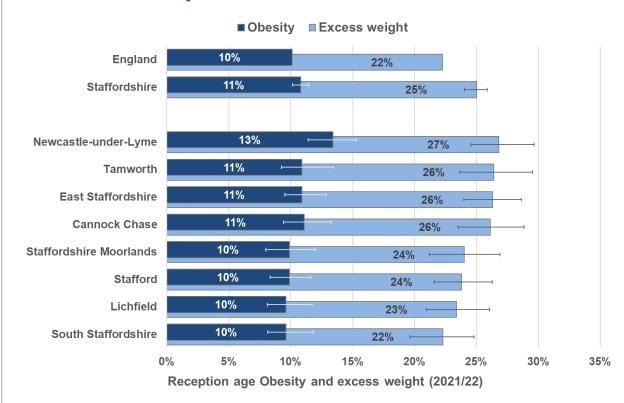


Excess weight statistically higher than national in **three wards**

Obesity statistically higher than national in three wards

> See slide 7 for details

District comparison



- Newcastle is the only district or borough to have a higher than national prevalence of obesity.
- Cannock Chase, East Staffordshire Newcastle and Tamworth have a higher than national prevalence of excess weight.

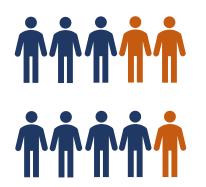
Source: Office for Health Improvement and Disparities. Public health profiles.

By year six...



In South Staffordshire...

Whilst obesity and excess weight have both increased from Reception, levels are similar to national.



2 in 5 live with excess weight (similar to national)

1 in 5 live with obesity (similar to national)



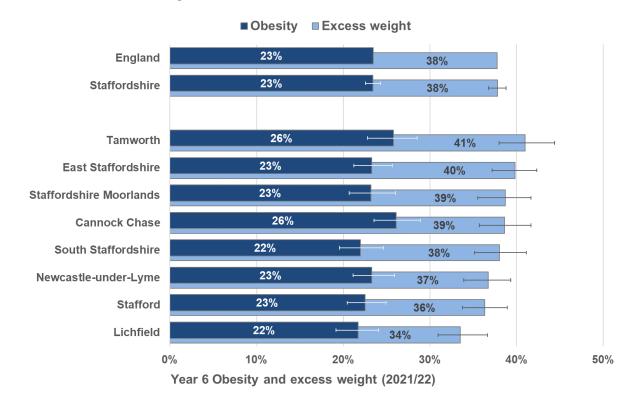
In line with national trends, year 6 excess weight and obesity increased over the last two years



Excess weight statistically higher than national in Bilbrook (46%).

No wards with an obesity prevalence statistically higher than national.

District comparison



- Across all districts and boroughs, the prevalence of obesity is similar to national.
- Across all districts and boroughs, excess weight is similar to national apart from Tamworth (higher) and Lichfield (lower).

Source: Office for Health Improvement and Disparities. Public health profiles.

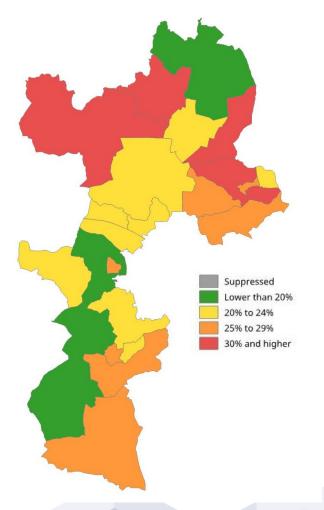




Reception excess weight (2018/19, 2019/20 & 2021/22)

Excess weight statistically higher than national in Cheslyn Hay North and Saredon (33%), Great Wyrley Landywood (32%) and Huntington and Hatherton (35%).

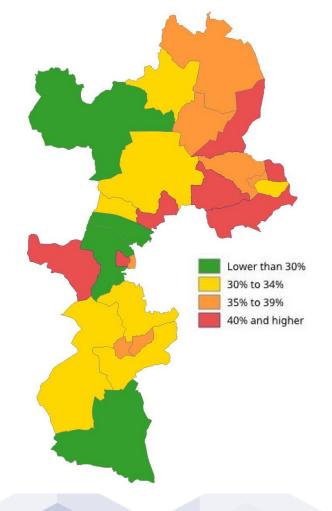
Obesity statistically higher than national in Huntington and Hatherton (16%), Wheaton Aston, Bishopswood and Lapley (19%) and Wombourne South West (18%).



Year 6 excess weight (2018/19, 2019/20 & 2021/22)

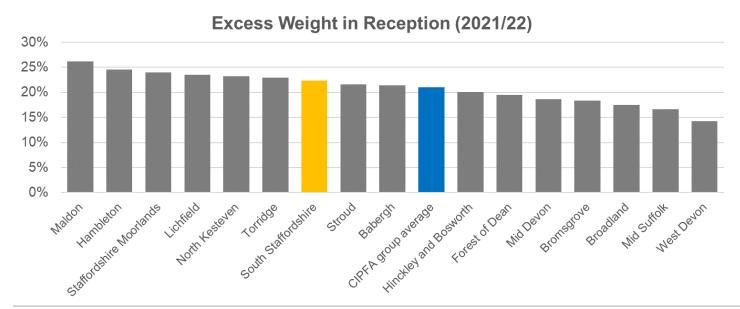
Excess weight statistically higher than national in Bilbrook (46%).

Although no wards are statistically higher than national **obesity** is highest in Perton Lakeside (27.7%) and Featherstone and Shareshill (25.6%).



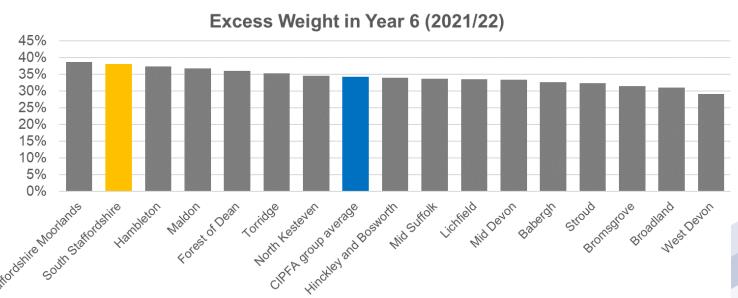


How does South Staffordshire compare?



 Reception excess weight is similar to the statistical neighbour average and ranks 7th out of 16 in its statistical neighbour group.

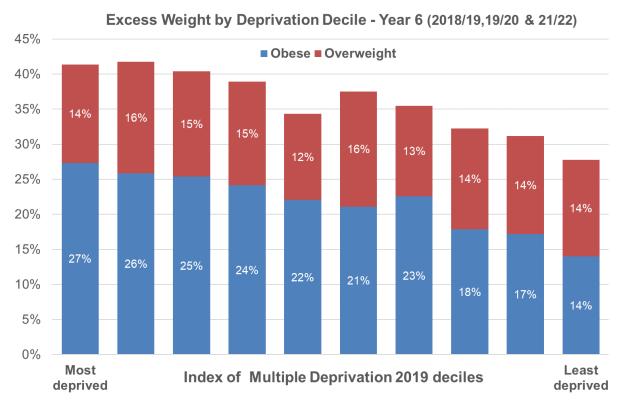
Source: Office for Health Improvement and Disparities. Public health profiles.

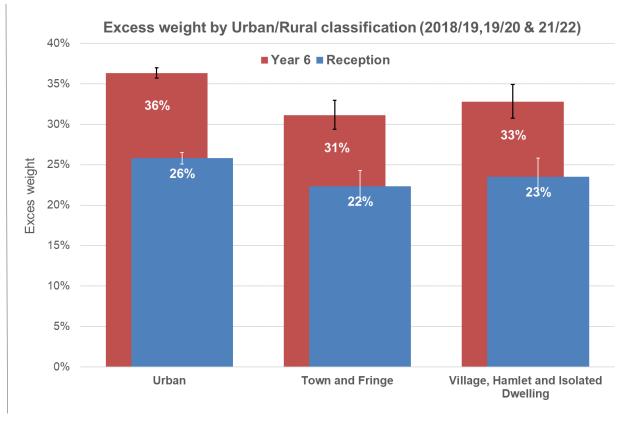


- Year 6 age excess weight is higher than the statistical neighbour average and the second highest prevalence of the statistical neighbour group.
- To be in line with CIPFA average, there would need to be an additional 40 children of a healthy weight.



Higher obesity in urban and deprived areas





- For both Reception and Year 6, the prevalence of obesity in Staffordshire's least deprived areas is almost half that of Staffordshire's most deprived areas.
- Excess weight is also more prevalent in our urban areas than in town fringe and more rural locations.
- Consequently, urban and deprived neighbourhoods within the district are more likely to be areas of concern with regard to
 excess weight and obesity.

Source: NCMP local dataset and PHE fingertips profiles, IMD 2019 and Urban Rural classification. The Indices of Deprivation are a measure of relative deprivation at a local level across England. The IMD combines information from the seven domains to produce an overall relative measure of deprivation. The domains are combined using the following weights: Income Deprivation (22.5%), Employment Deprivation (22.5%), Education, Skills and Training Deprivation (13.5%), Health Deprivation and Disability (13.5%), Crime (9.3%), Barriers to Housing and Services (9.3%), Living Environment Deprivation (9.3%).

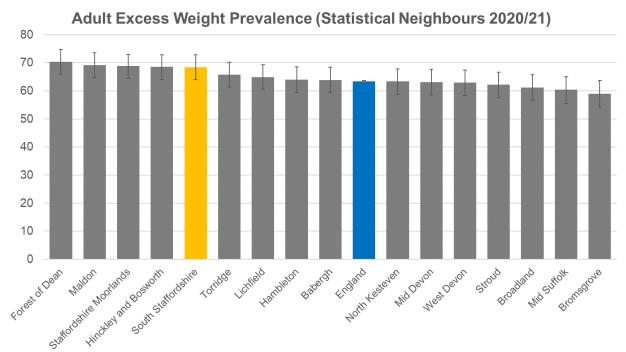


Increasing excess weight into adulthood

In South Staffordshire ...



7 in 10 adults live with excess weight, similar to Staffordshire but higher than the national average.

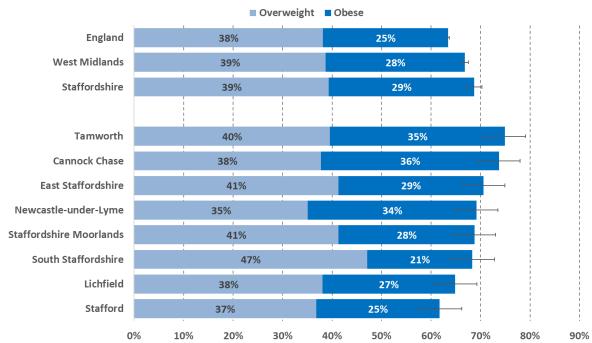


• South Staffordshire ranks 5th highest of similar local authorities.

Source: Office for Health Improvement and Disparities. Public health profiles.

Districts comparison





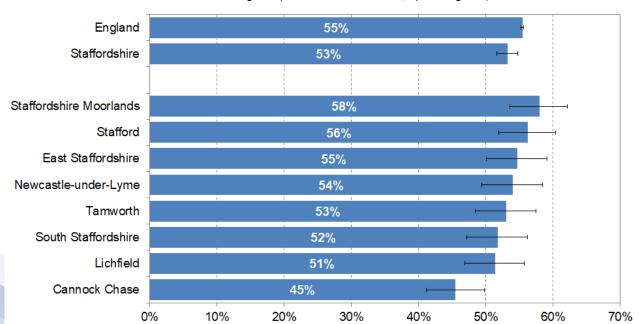
- Excess weight prevalence is higher than national in Cannock Chase, East Staffordshire, Newcastle, South Staffordshire, Staffordshire Moorlands and Tamworth.
- Obesity prevalence is higher than national in Cannock
 Chase, Newcastle and Tamworth.



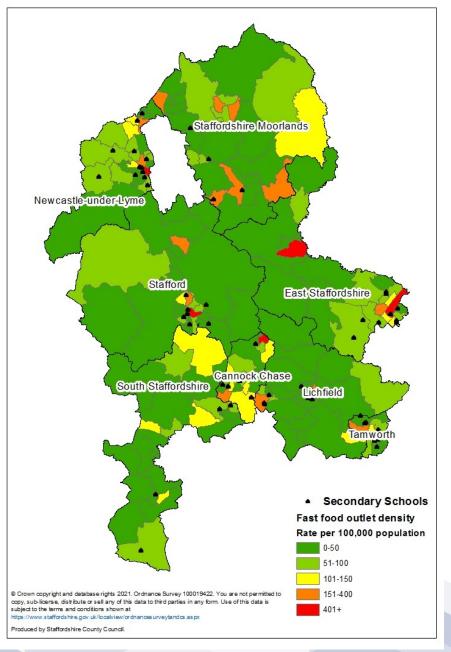
Healthy eating

- 52% of adults in South Staffordshire eat five a day, similar to the Staffordshire and national average.
- Across Staffordshire, the density of fast food outlets is similar to national, but generally higher in areas of deprivation and town centres and as a result, sometimes near secondary schools as shown on the map.
- The density of fast food restaurants is lower than national in South Staffordshire.

Proportion of adults eating '5-a-day' on a 'usual day' (2019/20) Public Health England (based on Active Lives, Sport England)



Fast food outlet density (2017)





Physical activity in South Staffordshire

Regular physical activity is linked to reduced risk of obesity, reduced risk of illness and improved wellbeing.



4 in 10 South Staffordshire children are physically active for one hour a day, similar to Staffordshire and England (2021/22).



3 in 10 South Staffordshire children are active for less than 30 minutes a day, similar to Staffordshire and England (2021/22).



2 in 3 South Staffordshire adults are active for more than 150 minutes a week, similar to Staffordshire and England (2020/21).

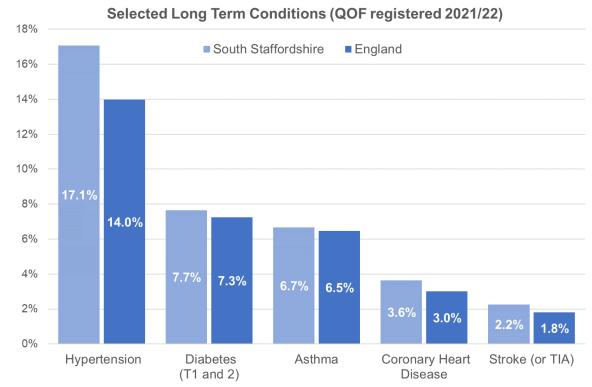




1 in 4 South Staffordshire adults are active for less than 30 minutes a week, similar to Staffordshire and England (2020/21).



High levels of obesity related conditions

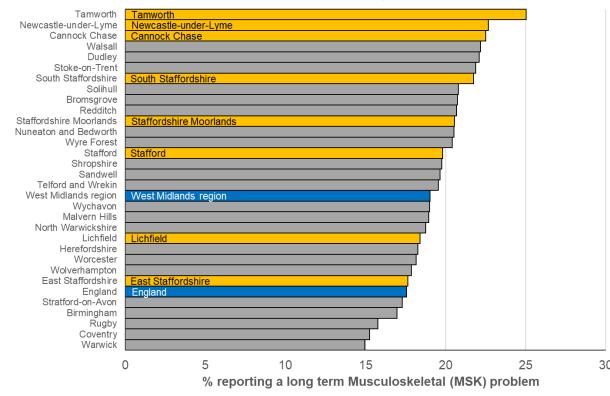


In South Staffordshire, GP registered prevalence of Hypertension, Diabetes, Asthma, Coronary Heart Disease, and Stroke are higher than national.

Note: Prevalences not age standardised – South Staffordshire has a greater proportion of over 50s than England. The contribution of obesity to each condition varies.

Source Obesity - NHS (www.nhs.uk).

Self reported long term Musculoskeletal problem (GP Survey 2022) West Midlands Districts and Unitary Authorities



The prevalence of self reported Musculoskeletal conditions is higher than national in South Staffordshire.

Source: Office for Health Improvement and Disparities. Public health profiles.

The rate of **obesity related hospital admissions** in South East Staffordshire and Seisdon Peninsula CCG was higher than England (2019/20). Source: NHS Digital (Hospital Episode Statistics)

Supporting Data Matrix

	Cannock Chase	East Staffordshire	Lichfield	Newcastle- under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England
Pagentian Evages Weight Providence		26%	23%	27%	22%	24%	24%	26%	25%	22%
Reception Excess Weight Prevalence										22%
Statistical Neighbour Rank	4 out of 16	1 out of 16	5 out of 16	1 out of 16	7 out of 16	1 out of 16	2 out of 16	2 out of 16	2 out of 16	
Reception Obesity Prevalence	11%	11%	10%	13%	10%	10%	10%	11%	11%	10%
Statistical Neighbour Rank	4 out of 16	3 out of 16	6 out of 16	1 out of 16	4 out of 16	3 out of 16	1 out of 16	7 out of 16	3 out of 16	
Year 6 Excess Weight Prevalence	39%	40%	34%	37%	38%	36%	39%	41%	38%	38%
Statistical Neighbour Rank	9 out of 16	1 out of 16	9 out of 16	10 out of 16	2 out of 16	2 out of 16	1 out of 16	6 out of 16	2 out of 16	
Year 6 Obesity Prevalence	26%	23%	22%	23%	22%	22%	23%	26%	23%	23%
Statistical Neighbour Rank	5 out of 16	3 out of 16	7 out of 16	7 out of 16	4 out of 16	2 out of 16	2 out of 16	7 out of 16	2 out of 16	
Adult Excess Weight Prevalence	74%	71%	65%	69%	68%	62%	69%	75%	69%	63%
Statistical Neighbour Rank *	2 out of 16	4 out of 16	6 out of 16	5 out of 16	5 out of 16	12 out of 16	1 out of 16	1 out of 16	2 out of 16	
Adult Obesity Prevalence	36%	29%	27%	34%	21%	25%	28%	35%	29%	25%
Statistical Neighbour Rank *	1 out of 16	9 out of 16	7 out of 16	2 out of 16	14 out of 16	8 out of 16	6 out of 16	2 out of 16	2 out of 16	
Physical Activity in Children	**	**	**	43%	42%	47%	42%	**	47%	47%
Physical Activity in Adults	64%	60%	72 %	64%	64%	71%	68%	62%	66%	66%
Five a day consumption	45%	55%	51%	54%	52%	56%	58%	53%	53%	55%
Fast Food Outlets (rate per 100,000)	120	119	64	103	51	76	99	86	90	95
Hypertension prevalence	16%	14%	16%	17%	17%	16%	19%	14%	16%	14%
Diabetes prevalence	8%	8%	7%	8%	8%	7%	8%	8%	8%	7%
Coronary Heart Disease prevalence	4%	3%	4%	3%	4%	3%	4%	3%	4%	3%
Asthma prevalence	6%	6%	7%	7%	6%	6%	7%	7%	7%	6%
Stroke prevalence	2%	2%	2%	2%	2%	2%	3%	2%	2%	2%
Musculoskeletal conditions	22%	18%	18%	23%	22%	20%	21%	25%	21%	18%
Obesity related hospital admissions (rate per 100,000 - CCG values) ***	2,708	4,009	2,354	2,311	2,354	2,216	2,311	2,354	2,595	1,615

Worse than England or Statistical Neighbour Group, Better than England or Statistical Neighbour Group (difference calculated using 95% statistical significance)

^{*} Difference to Statistical Neighbour Group not calculated ** recent coverage low in the district / borough *** methodology under review. District / Borough figure based on best fit CCG