

UK Parliament Health and Social Care Committee Prevention in health and social care inquiry – Call for evidence

Response from Obesity Action Scotland Closing date: 8 February 2023

Obesity prevention must be considered as a core focus of the inquiry.

Obesity is a significant and growing public health issue. The average weight of adults in Scotland has risen steadily since records began. Currently in Scotland, more than two-thirds of adults (67%) have overweight and obesity, with just under a third (30%) of them having obesity, the highest figure on record. For children, just under a quarter of 5-year olds (24%) are at risk of overweight and obesity which equates to around 6 children in a classroom of 24. Population weight is now higher than at any time pre-pandemic, and highlights the urgent need for preventative action. Analysis estimates that by 2040, 40% of the UK adult population will be living with obesity, without preventative action.

These weight outcomes are not experienced equally across the population, with worsening health inequalities. In Scotland, children from the most deprived areas are more than twice as likely to be at risk of developing obesity compared to the least deprived children (15% vs 7%). For adults, there are clear disparities between the most and least deprived, with rates of obesity at 36% and 23% respectively. Projected trends to 2026 show this pattern of inequality will continue to grow with rates of obesity in the two most deprived quintiles projected to be 36% and 39% respectively, compared to only 22% in the least deprived¹.

Obesity is a significant risk factor for many non-communicable diseases including type 2 diabetes and many types of cancer. Obesity is the second biggest risk factor for cancer, behind smoking. It is projected that by 2026, the rate of obesity-related NCD deaths in Scotland could rise to 10%². Research has recognised the damaging impact of rising rates of obesity and associated diabetes in Scotland, highlighting that it has undone the benefits of actions in other areas, such as the reduction in heart attacks and strokes, that was seen after the smoking ban was introduced. The growing rate of type 2 diabetes in Scotland has contributed to nearly as many heart attacks as the smoking ban prevented.

Both the UK and Scottish Governments' have committed to a target to halve childhood obesity by 2030, but the data shows we're heading in the completely wrong direction. Preventing obesity in childhood is preferable to attempting treatment of obesity in later life, as returning to a healthy weight is extremely difficult for people who already have obesity³.

Preventing obesity not only positively impacts individuals, but also has significant economic benefits. A recently published report calculated the annual cost of adult obesity to the UK economy to be £58bn, with obesity-related ill health costing the NHS an estimated £40bn annually⁴. In addition to these direct costs, there are a range of indirect costs associated with obesity, including loss of productivity and absenteeism, which acutely impact the economy. These indirect costs are the most significant costs of obesity, accounting for almost two-thirds of total economic costs and impacts⁵. Evidence shows that almost all obesity prevention interventions are cost-effective to society i.e. that

savings on health care costs and improved productivity, through reduced absenteeism for example, could outweigh the costs of direct investment required to deliver the interventions, and could save the NHS \$1.2bn per year⁶. Preventing obesity will deliver value savings to the economy, NHS and provide a healthy working population.

Powers to deliver on actions needed to prevent obesity are both reserved and devolved. We need to see action on reserved matters, in particular the implementation of restrictions to TV and online advertising of HFSS products. This is already on the statute book and needs to be implemented without delay. There also needs to be a commitment from the UK Government to work closely with the Scottish Government in reserved policy areas which directly impact obesity prevention.

About us

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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¹ NCD Alliance Scotland (2022) Non-communicable disease prevention: Mapping future harm <https://www.bhf.org.uk/-/media/files/in-your-area-scotland-pages/ncd/2022-ncd-trends-report.pdf?rev=f0d1a07e88474167a53a53887f0aa5ef&hash=FC4B5C570F7EE28D9CA2EE6BCDEDC99B>

² Ibid

³ Fildes A, Charlton J, Rudisil C, et al (2015) Probability of an Obese Person Attaining Normal Body Weight: Cohort Study Using Electronic Health Records. *American Journal of Public Health*, 105(9): e54-9

⁴ Frontier Economics (2022) Estimating the full cost of obesity <https://www.frontier-economics.com/media/5094/the-full-cost-of-obesity-in-the-uk.pdf>

⁵ World Obesity report - <http://s3-eu-west-1.amazonaws.com/wof-files/Economic-impact-overweight-obesity-in-countries-final.pdf>

⁶ Dobbs R, Sawyers C, Thompson F et al (2014) Overcoming obesity: An initial economic analysis. McKinsey Institute discussion paper
https://www.mckinsey.com/~media/mckinsey/business%20functions/economic%20studies%20temp/our%20insights/how%20the%20world%20could%20better%20fight%20obesity/mgi_overcoming_obesity_full_report.ashx