Extent of the issue - Adult Data Supplementary Document

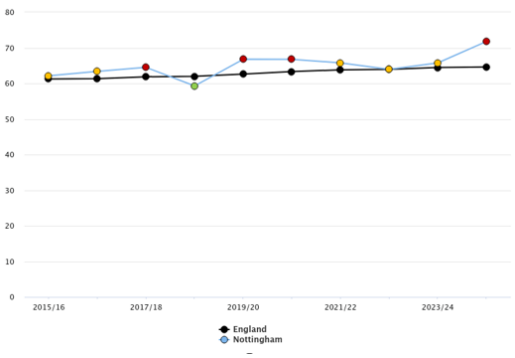
Nottingham and Nottinghamshire Healthy Weight and Good Nutrition JSNA Profile Pack, 2026

There are several gaps in local data which are noted as a limitation. This includes local data gaps or limitations on weight by ethnicity, underweight, and diet, nutrition and malnutrition. Where data is described as 'significantly' different this refers to a statistically significant difference rather than the size of the difference.

Based on self-reported height and weight, around two thirds of adults in Nottingham and Nottinghamshire are above a healthy weight and around one third of adults are living with obesity. There is variation across Nottinghamshire districts, with higher levels of overweight and obesity seen in Ashfield, Mansfield and Newark and Sherwood.

- 71.8% of adults in Nottingham and 68.5% of adults in Nottinghamshire are above a healthy weight and this has been steadily increasing since 2015/16 (1).
- The proportion of adults with an unhealthy weight in Nottinghamshire is above the England average (64.6%) (1).
- 35.3% of adults in Nottingham and 28% of adults in Nottinghamshire are living with obesity. For Nottingham, this is significantly above the England rate (26.6%) (2).
- Prevalence of adult overweight and obesity varies across Nottinghamshire Districts. Ashfield (71.1%), Bassetlaw (71.8%) and Newark & Sherwood (72.5%) have the highest prevalence of overweight and obesity (3).
- In Nottingham and Nottinghamshire, 35.3% of pregnant women are classified as obese or severely obese at booking (4.).

71.8% of adults in Nottingham and 68.5% of adults Nottinghamshire are above a healthy weight (2024/25), consistently above the England average (64.6%). These proportions have been increasing steadily since 2015/16 (1).



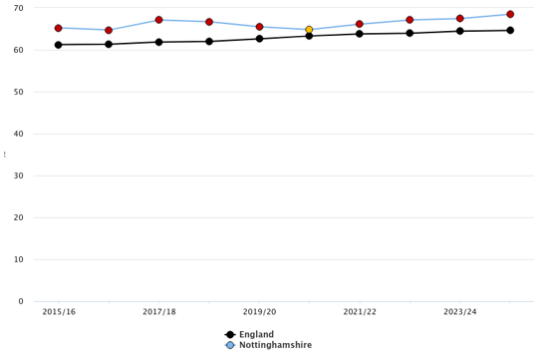
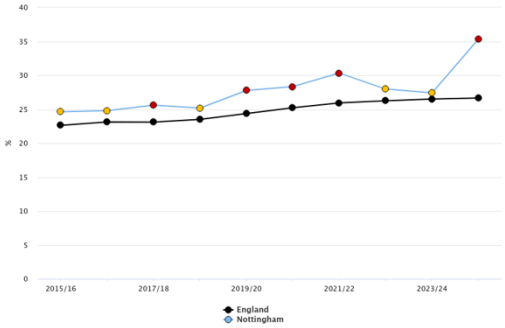


Chart 1 and 2: *Overweight (including obesity) prevalence (%) in Nottingham and Nottinghamshire compared to England, 2015/16 to 2024/25 (1).*

The prevalence of obesity among adults is 35.3% in Nottingham and 28% in Nottinghamshire, with Nottingham significantly above the England rate (26.6%) (2024/25). The prevalence of obesity has remained high in both areas over recent years, with Nottingham experiencing a slight decline after 2021 however increasing in the most recent data and the Nottinghamshire rate steadily increasing from 2015/16 (2).



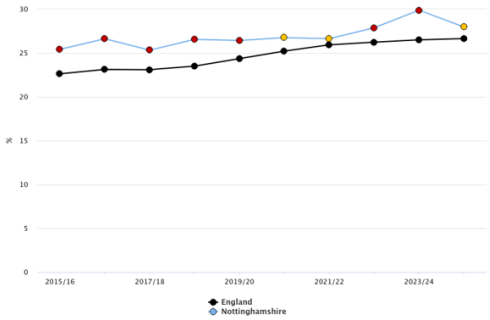


Chart 3 and 4: *Obesity prevalence (%) in Nottingham and Nottinghamshire compared to England, 2015/16 to 2024/25 (2).*

There is substantial variation in the prevalence of adult overweight and obesity between Nottinghamshire districts. Ashfield (71.1%), Bassetlaw (71.8%) and Newark & Sherwood (72.5%) have the highest prevalence of overweight and obesity, all significantly above England (64.9%), while Gedling (67.8%), Broxtowe (65.3%) and Rushcliffe (60.1%) have significantly similar prevalence to England (3).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	64.6	64.4	64.9
Nottinghamshire	–	-	68.5	66.7	70.2
Newark and Sherwood	–	-	72.5	67.7	77.5
Bassetlaw	–	-	71.8	66.9	76.6
Ashfield	–	-	71.1	66.1	76.4
Mansfield	–	-	69.6	66.1	72.9
Gedling	–	-	67.8	62.9	72.7
Broxtowe	–	-	65.3	59.8	70.6
Rushcliffe	–	-	60.1	54.9	65.2

Chart 5: *Overweight (including obesity) prevalence (%) in Nottinghamshire Districts, 2024/25 (3).*

A similar pattern of district-level variation can be seen for adult obesity, with rates highest in Newark & Sherwood (32.2%), Bassetlaw (32.2%) and Mansfield (31.4%), all significantly higher than the national prevalence (26.6%). Ashfield (28.2%), Gedling (27.8%) and Broxtowe (22.4%) are all significantly similar to national prevalence and Rushcliffe (19.2%) in significantly lower than national prevalence. In most districts, obesity prevalence has increased over time (5).

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	26.6	26.4	26.9
Nottinghamshire	–	-	28.0	26.3	29.7
Newark and Sherwood	–	-	32.2	27.2	37.3
Bassetlaw	–	-	32.2	27.2	37.3
Mansfield	–	-	31.4	28.2	35.0
Ashfield	–	-	28.2	23.3	33.2
Gedling	–	-	27.8	23.1	32.6
Broxtowe	–	-	22.4	18.0	27.1
Rushcliffe	–	-	19.2	15.0	23.3

Chart 6: *Obesity prevalence (%) in Nottinghamshire Districts, 2024/25 (5).*

Maternity data shows obesity in early pregnancy is higher than the rate in the general adult population, with Nottingham and Nottinghamshire seeing 35.3% of women classified as obese or severely obese at booking, aligning with the England figure (35%) (December 2025) (4).

Deprivation and healthy weight

Data shows a relationship between healthy weight and deprivation, with higher proportions of adults living with obesity and lower proportions of people with healthy weight in the most deprived areas in Nottingham and Nottinghamshire. The prevalence of adults who are overweight is more evenly distributed across deprivation indices, and in Nottinghamshire the prevalence of overweight is highest in the least deprived areas (6).

In Nottinghamshire, the data indicates a linear corelation between weight and deprivation, although in some cases the differences are small. Adults in the most deprived areas are more likely to have obesity and less likely to be a healthy weight compared to those in the least deprived areas. The prevalence of overweight increases from the most to the least deprived areas of Nottinghamshire. In Nottingham the relationship is less linear but still shows higher obesity and lower healthy weight in the most deprived neighbourhoods. The proportion of adults who are overweight is similar across all IMD areas in Nottingham (6).

Prevalence of underweight is significantly lower than healthy weight, overweight and obesity and ranges between 4% and 8%. Local data does not show a clear corelation between underweight and deprivation. Proportions of underweight are slightly higher in Nottingham compared to Nottinghamshire (6).

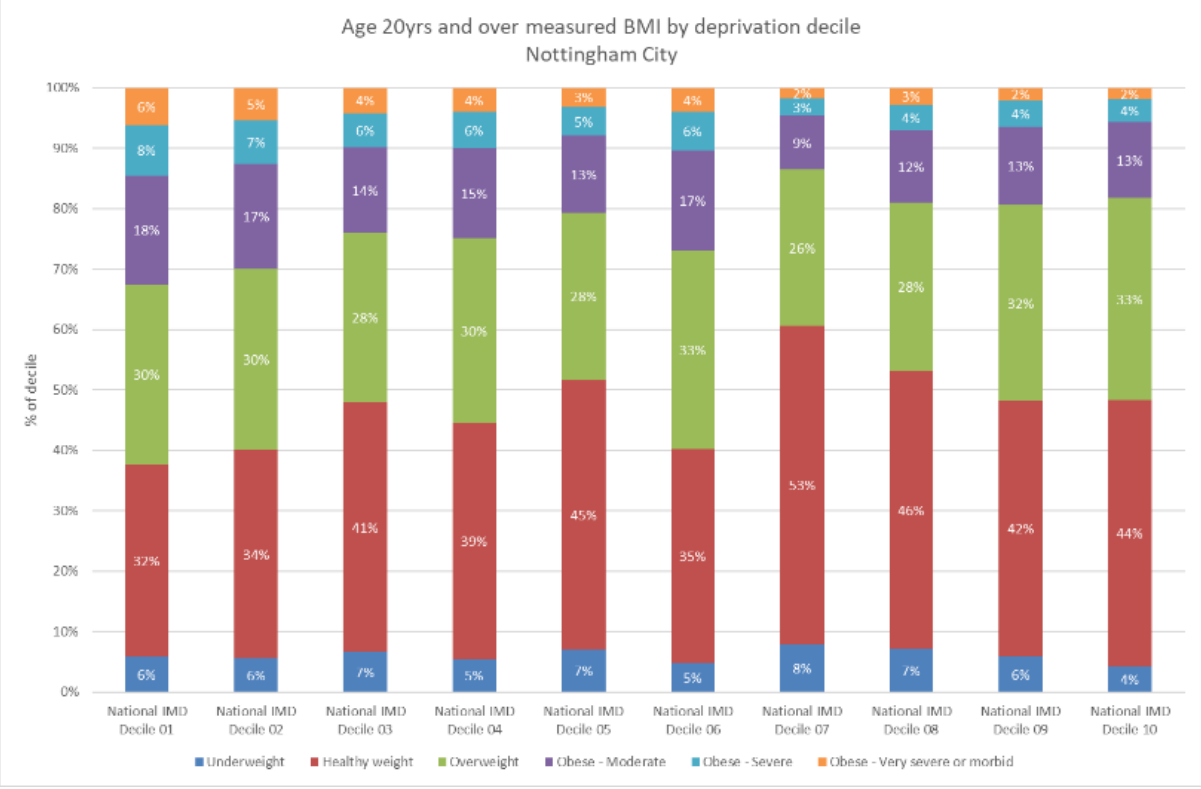


Chart 7: *Distribution of adult BMI by deprivation decile, Nottingham (6)*

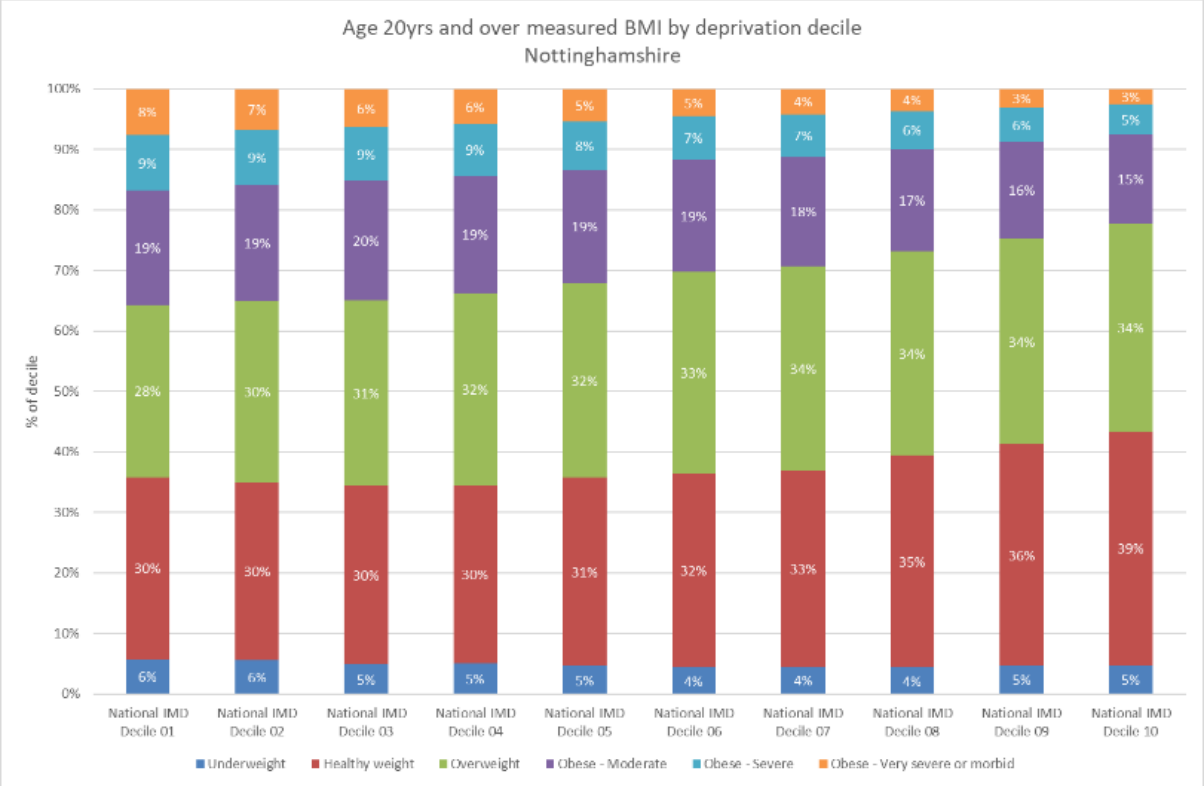
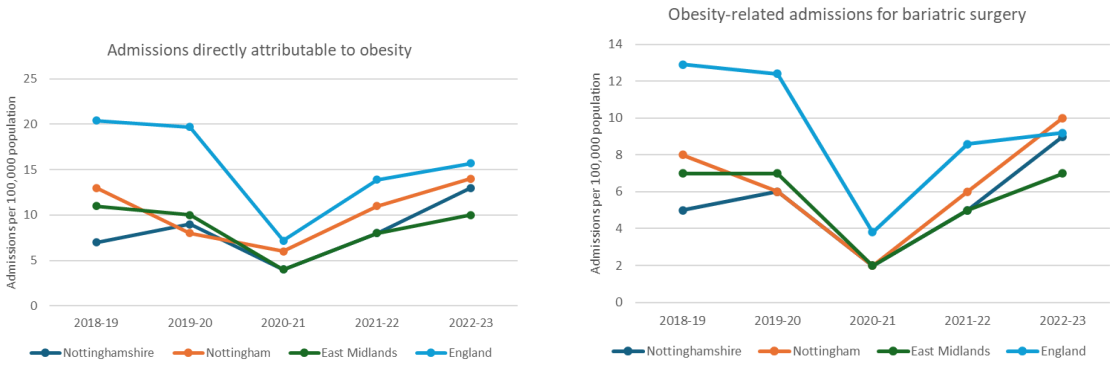


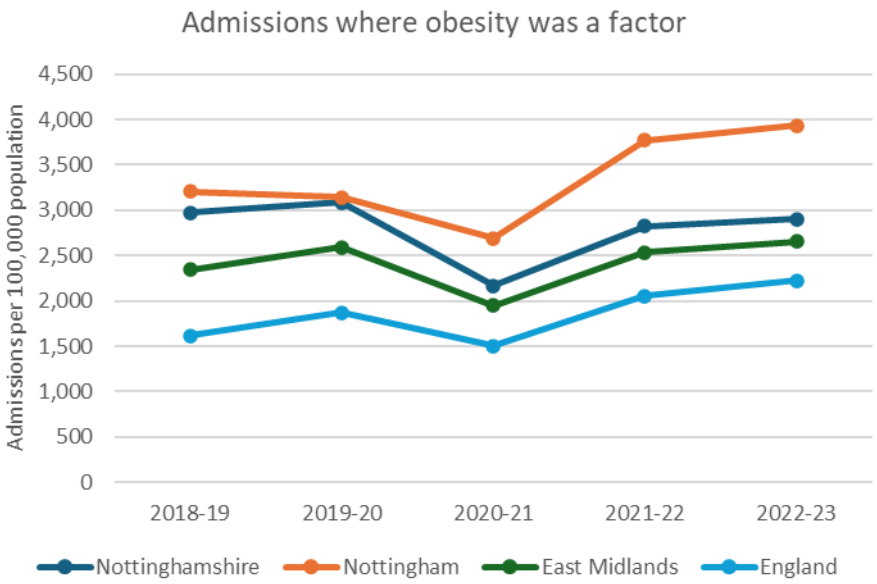
Chart 8: *Distribution of adult BMI by deprivation decile, Nottinghamshire (6)*

Hospital Admissions

People in Nottingham and Nottinghamshire are less likely to have a hospital admission (planned or unplanned) that is directly attributable to obesity compared to England; a large proportion of these admissions involve a bariatric surgery procedure. This suggests the lower rates in Nottingham and Nottinghamshire are reflective of access to bariatric surgery rather than need. Directly attributable admissions and bariatric surgery admissions have increased since a decline in 2020-21, likely due to the impacts of COVID-19, and the gap between local admissions and England admissions has reduced (2022/23) (7).



Charts 9 and 10: *Hospital admissions per 100,000 population directly attributable to obesity, and obesity-related admissions for bariatric surgery, 2018-19-2022-23 (7)*



Charts 11: *Hospital admissions where obesity was a factor per 100,000 population where obesity is a factor, 2018-19-2022-23 (7)*

Diet and Nutrition

Around one-third of adults in Nottingham and Nottinghamshire meet the '5-a-day' fruit and vegetable consumption recommendations (8).

32% of adults in Nottinghamshire and 26.3% of adults in Nottingham meet the '5-a-day' fruit and vegetable consumption recommendations (2023/24), with Nottingham significantly lower than England (31.1%) and the East Midlands (30.1%) proportions (8). Nottinghamshire districts show variation, with the lowest proportions of adults meeting the '5-a-day' recommendations in Broxtowe (27.1%), Ashfield (28.2%) and Mansfield (28.5%) (9).

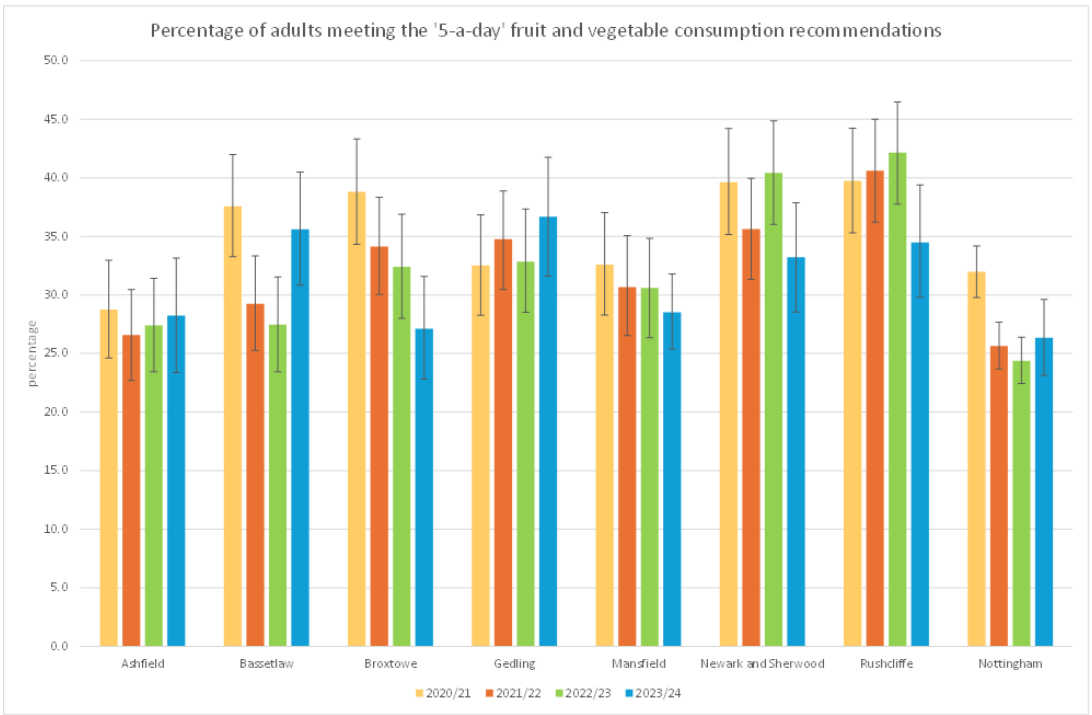


Chart 12: *Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendation by Nottinghamshire District and Nottingham City, 2020/21 to 2023/24 (9).*

The National Diet and Nutrition Survey (NDNS) is the UK's nationally representative survey assessing what people eat and drink and their nutritional status, used to inform public health policy and monitor progress against dietary guidelines. Whilst this data is not available on a local level, the 2019-2023 (10) survey shows that adult diets fall short of dietary national guidance. Fewer than one in five adults meet the 5 A Day recommendation, while average intakes of free sugars and saturated fat remain above recommended limits and fibre intake is insufficient for most adults. Deficiencies in vitamin D affect a notable proportion of working-age adults, and low folate status among women of childbearing age remains a concern. Food and drink consumed outside the home contributes significantly to excess energy, sugar and saturated fat intake, highlighting the role of the wider food environment in shaping adult diets.

Years Lived with Disability

Years lived with disability is commonly used as a measure to indicate quality of life. Data shows that high BMI is the largest single (changeable or modifiable) contributor to years lived with disability in the East Midlands. High BMI is shown to contribute to several conditions, in particular diabetes and musculoskeletal conditions. High fasting plasma glucose (which in some cases can be linked to lifestyle factors such as weight, diet and physical activity) and dietary risks are also significant contributing factors to years lived with disability. When looking at dietary risks, high processed meat consumption, low whole grain consumption and high red meat consumption are the dietary factors that are the biggest contributors to years lived with disability (11).

High fasting plasma glucose (higher than normal blood sugar levels after fasting) is the second biggest contributor to years lived with disability in the East Midlands and contributes primarily to diabetes. Lifestyle factors (such as excess body weight, diets high in refined carbohydrates and sugars and low physical activity) can contribute to high fasting plasma glucose, as well as other factors such as medical conditions, genetics, hormonal conditions, age, illness and medications (11).

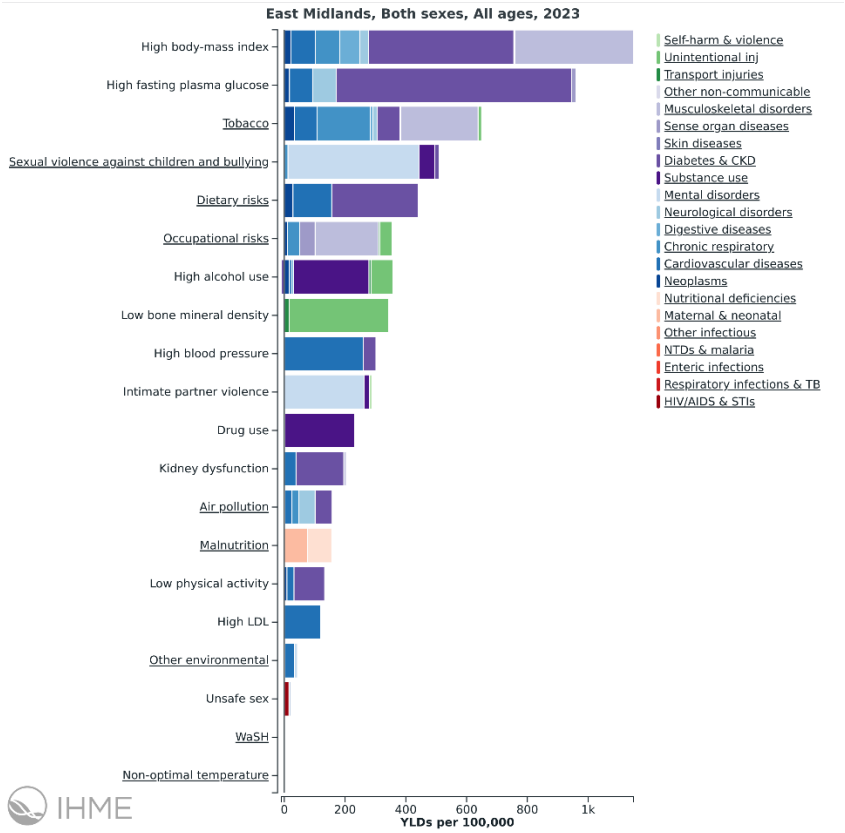


Chart 13: *Years lived with disability attributable to risk factors, East Midlands, 2023 (11)*

Dietary risks are the fifth biggest contributor to years lived with disability in the East Midlands. When looking at dietary risk factors, high processed meat consumption is attributable to the highest number of years lived with disability, followed by low whole grain consumption, high red meat consumption, highly sweetened drinks consumption and low fruit consumption. The number of years lived with disability for each dietary risk factor has increased over time from 2004. Years lived with disability due to high processed meat consumption, low whole grain consumption and high red meat consumption are higher in the East Midlands compared with England (11).

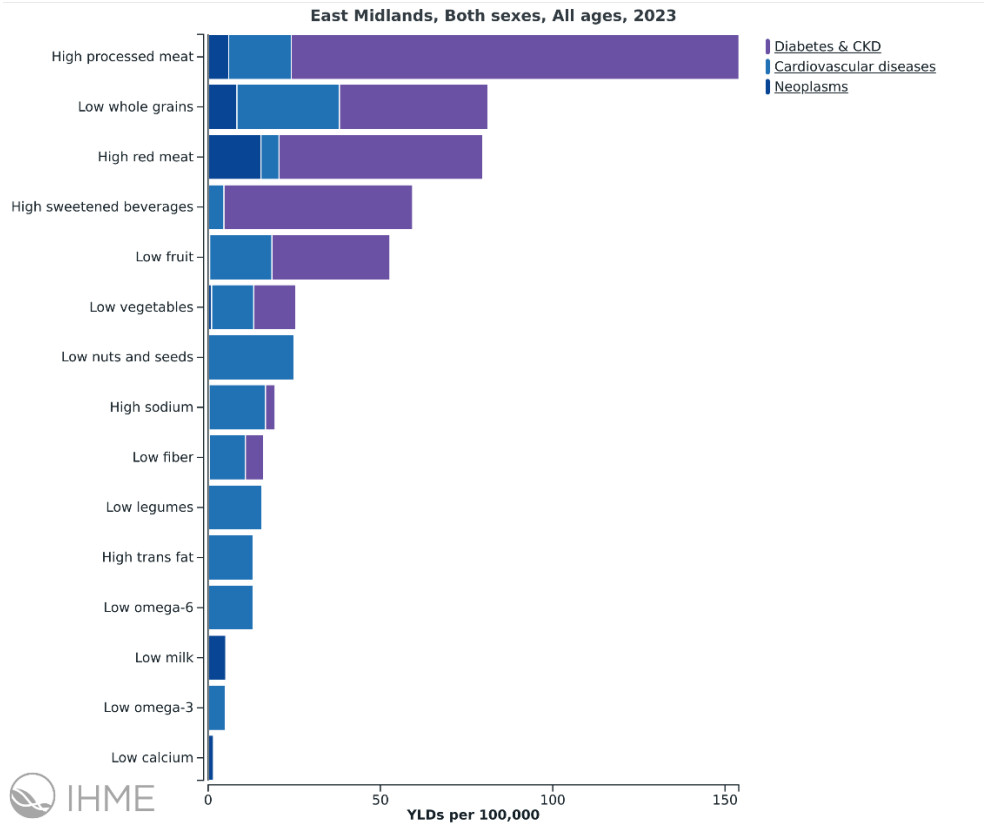


Chart 14: *Years lived with disability attributable to dietary risk factors, East Midlands, 2023 (11)*

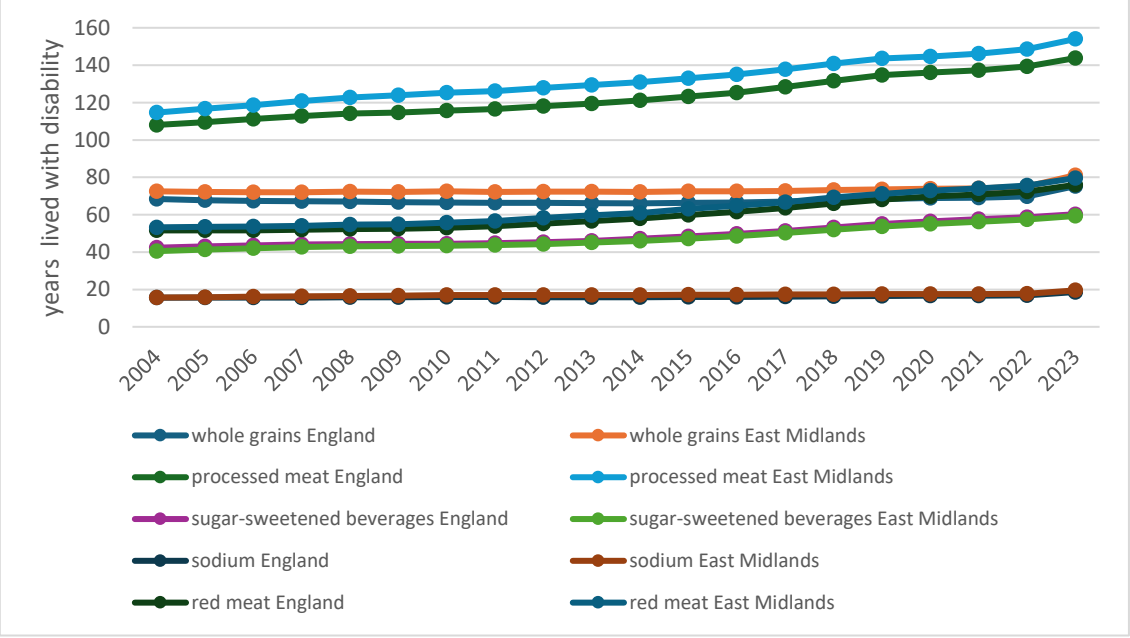


Chart 15: *Years lived with disability attributable to dietary risk factors, East Midlands compared to England, 2004-2023 (11)*

Low mineral bone density is the eighth biggest contributor to years lived with disability. A healthy balanced and calcium rich diet can contribute to good bone health. To a lesser extent, malnutrition is also shown to contribute to years lived with disability (11).

Years Lived with Disability – Nottingham and Nottinghamshire

The following 4 charts present years lived with disability attributable to high BMI and dietary risk factors, broken down by age and sex across Nottingham and Nottinghamshire (2021). High BMI and dietary risks contribute significantly to years lived with disability in Nottingham and Nottinghamshire, with the burden increasing with age. High BMI accounts for the greater share of years lived with disability, particularly among older adults. Females experience higher years lived with disability attributable to high BMI, while males experience higher years lived with disability attributable to dietary risks. Nottinghamshire shows consistently higher BMI-related disability, while diet-related disability is similar across both areas in later life.

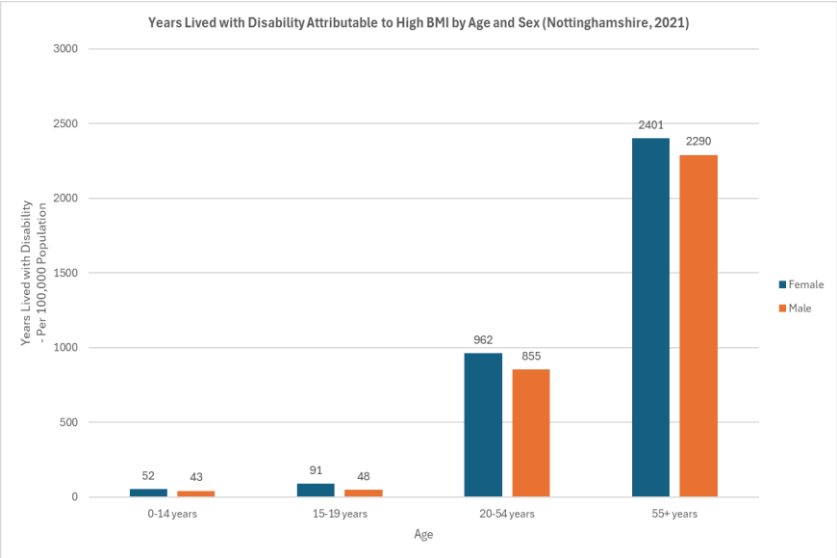


Chart 16. Years Lived with Disability Attributed to High BMI by ages and sex in Nottinghamshire (2021)

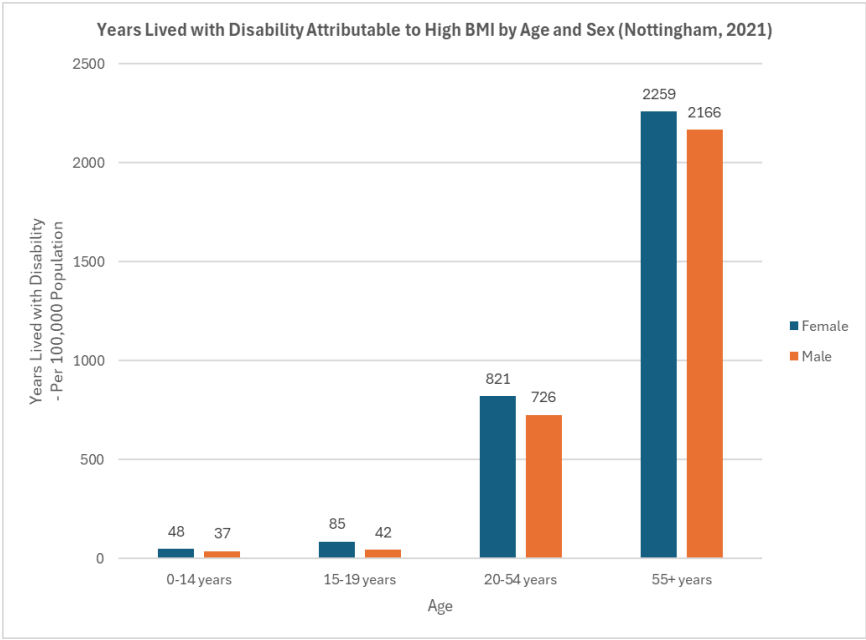


Chart 17 *Years Lived with Disability Attributed to High BMI by ages and sex in Nottingham (2021)*

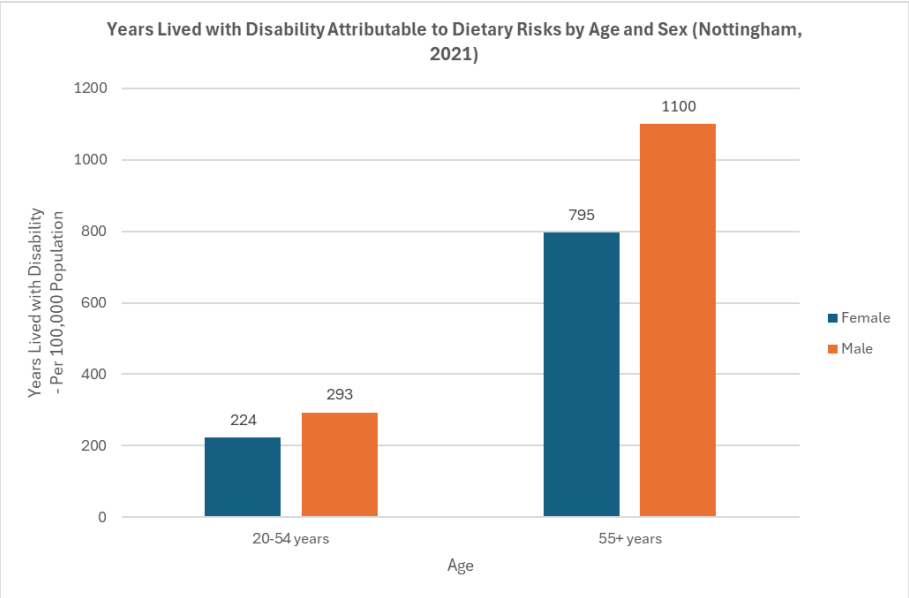


Chart 18 Years Lived with Disability Attributable to Dietary Risks by Age and Sex in Nottingham (2021)

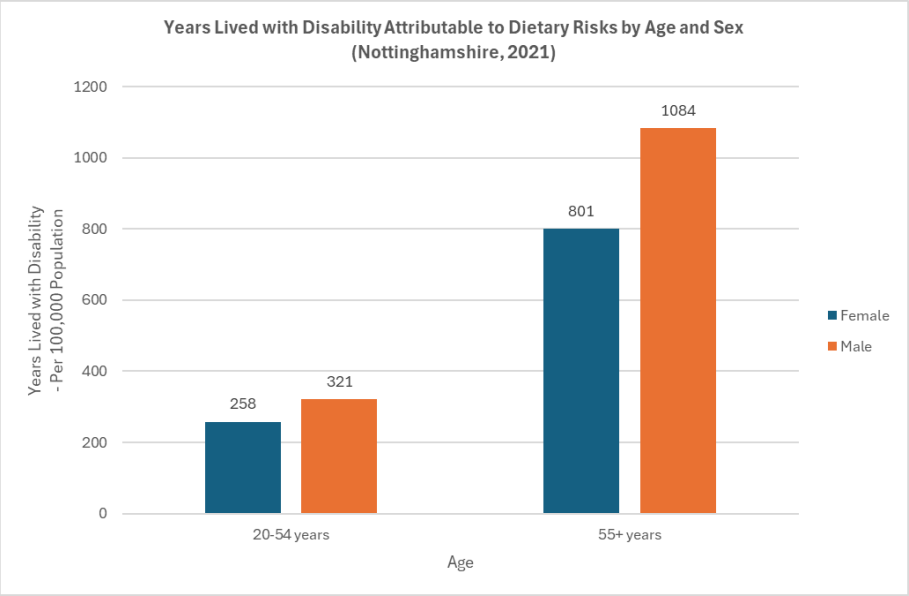


Chart 19 *Years Lived with Disability Attributable to Dietary Risks by Age and Sex in Nottinghamshire (2021)*

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