

JSNA Review - Prioritisation Tool

Priority Topic: Obesity & physical activity

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	High - 10 points	1.5	<p>Obesity</p> <ul style="list-style-type: none"> <i>Adults:</i> 109,368 obese adults (25.5%) in Warwickshire (2006-08 which is significantly higher than the England average). <i>Reception Children:</i> 1,348 (7.8%, lower than the England prevalence rate) obese Reception age children of the 17,295 children measured (2010/11 to 2012/13). <i>Year 6 Children:</i> 2,583 (16.6%, lower than the England prevalence rate) obese Year 6 children of the 15,525 measured (2010/11 to 2012/13) <p>Physical activity</p> <ul style="list-style-type: none"> <i>Adults:</i> prevalence of physically active adults in Warwickshire is 55.3%, which is slightly lower than the England average. The percentage of inactive adults in Warwickshire is 27%, which is slightly lower than the England average. The percentage of adults who participate in physical activity 5 times a week for at least half an hour varies across Warwickshire, the highest rate is in Stratford-Upon-Avon, where 25.4% of the population achieve this target, Warwick has 21.9%, Rugby has 20.2%, Nuneaton and Bedworth has 19.1% and North Warwickshire has 13.1%. <p style="text-align: right;">Public Health Profiles National Obesity Observatory Public Health Outcomes Framework</p>
	Level of need – Severity	The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	Medium – 5 points	1.5	<p>Obesity can have significant implications for health, social care, the economy and educational attainment. Obesity increases the risk of developing a range of serious diseases, such as heart disease, diabetes and cancers.</p> <p>It is difficult to use a standardised mortality rate (SMR) as a measure of how severe the needs of the population are because the SMR is often underestimated for obesity.</p> <p style="text-align: right;"><i>The public health impact of obesity, Annu. Rev. Public Health 2001. 22:355–75.</i> National Obesity Observatory National Obesity Observatory – Burden of Obesity</p>

<p>Level of need – Trend</p>	<p>Available evidence suggests <u>rapidly worsening</u> situation over time.</p>	<p>Available evidence suggests <u>worsening</u> situation over time.</p>	<p>Available evidence suggests situation has remained <u>stable</u> over time.</p>	<p>Available evidence suggests <u>improving</u> situation over time.</p>	<p>Medium – 5 points</p>	<p>1</p>	<ul style="list-style-type: none"> The prevalence of obesity in the various regions of England has increased in general over the past 20 years; however, some regions have improved towards the end of the time that the data was being collected where West Midlands have had a relatively high rate of obesity throughout the time that the data was being collected. The number of hospital admissions with a primary or secondary diagnosis of obesity has risen rapidly since 2002/03. In 2002/03, the number was 29,237 and in 2012/13, the same statistic had risen to 292,404. This is a 10-fold increase* The percentage of adults achieving the previous government’s physical activity recommendations increased steadily between 1997 and 2008, from 26% to 36% for all adults, however, the percentages for women are approximately 10% lower than the percentages for men. <p>National Obesity Observatory – visualisation National Obesity Observatory – Adult physical activity National Obesity Observatory – Adult weight HSCIC, 2014</p> <p>* Does not represent prevalence of obesity as some patients may have been admitted on multiple occasions</p>
<p>Level of need – Benchmarks</p>	<p>Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).</p>	<p>Available evidence suggests <u>above average</u> prevalence relative to comparator areas.</p>	<p>Available evidence suggests prevalence <u>in-line</u> with comparator areas.</p>	<p>Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.</p>	<p>Low – 1 point</p>	<p>1</p>	<ul style="list-style-type: none"> The percentage of excess weight in adults in Warwickshire is 64.8%, which is slightly higher than the England average. In relation to nearby local authorities, Warwickshire had a higher percentage of its adults with excess weight than Coventry and Birmingham. Warwickshire had a significantly lower proportion of obese reception aged children, 8.0%, than the England average, 9.3%. The proportion of Year 6 children who were obese in Warwickshire was also significantly lower, at 16.3%, than the England average, at 18.9%. Warwickshire has a slightly lower proportion of physically active adults, at 55.3%, than the England average, at 56.0%. This statistic is also higher than some of the nearby local authorities, statistically higher than Birmingham. Warwickshire also has a lower proportion of inactive adults, at 27.0%, than the England average, at 28.5%. Although it is much lower than some of the nearby local authorities, including Coventry, Birmingham and Sandwell. <p>Public Health Outcomes Framework National Child Measurement Programme</p>

	<p>What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?</p>	<p><u>Large</u> potential health benefits to be gained.</p>	<p><u>Medium</u> potential health benefits to be gained.</p>	<p><u>Small</u> potential health benefits to be gained.</p>	<p>-</p>	<p>High - 10 points</p>	<p>1</p>	<ul style="list-style-type: none"> • The reduction of obesity will provide a variety of different health benefits, which include a reduction in the risk of heart disease, stroke, cancer and an increase in life and quality of life (QALY). There not just physical health benefits resulting from a reduction in obesity, there can also be reductions in mental health issues, due to the reduction of stigma towards obese people, although stigma is not used when quantifying health outcomes into QALY's. • Reduction in obesity can also affect employment and therefore financial income of the individual and the family. Obesity in children can adversely affect school attendance and grades. A study was done to assess how the change to healthier school meals affected obesity in a number of schools in Greenwich, London. The study concluded that the schools which changed to the healthier meals had higher grade attainment and lower absenteeism than those schools that did not adopt the healthier school meals.
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	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Early Intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	Clear, demonstrable <u>evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High – 10 points	1	<ul style="list-style-type: none"> • There is a vast bank of evidence which looks at early childhood interventions for reducing obesity. • School-based interventions have found to be effective in the short-term in reducing obesity levels and the longer-running programmes were more effective than the shorter programmes • Nutritional education and promotion of physical activity, together with behaviour modifications, decrease in sedentary activities and collaboration of the family may be important factors in the prevention of childhood obesity. • Evidence suggests that policies that are effective in reducing childhood obesity would result in a short term health benefit such as a reduction in Type 2 diabetes. Longer term benefits of such policies would be to reduce the progression of childhood obesity into adulthood. • Recommendations made by a systematic review to run a successful obesity intervention include: <ul style="list-style-type: none"> ○ An intervention should be multicomponent and target both physical activity and diet together. ○ Involve carers, siblings or peers with similar weight issues. ○ Appropriately target the population group and consider the influence of age, gender, socio-economic status and ethnicity. ○ Are fun and engaging with a positive emphasis on managing a healthy lifestyle. ○ Are based on a strong theoretical framework. <p><i>NICE Effectiveness of the interventions in the prevention of childhood obesity School-based interventions on childhood obesity: a meta-analysis</i></p>

Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	Medium – 5 points	1	<p>There is a substantial amount of qualitative evidence on obesity. Much of this is about the views of primary care practitioners, although there is still some qualitative evidence on the views of patients and service users. The qualitative data looks at the problems that patients have accessing the interventions and problems that practitioners have managing patient weight loss.</p> <p>Practitioners views on managing childhood obesity Primary care support for tackling obesity GP views on treating obesity</p>
Inequalities	What is the scale of inequality?	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based</u> inequalities are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	High - 10 points	1	<ul style="list-style-type: none"> Evidence suggests a strong link between obesity levels and deprivation (inequalities). There is a higher prevalence of obesity in young children who are classed as deprived compared to those children of more affluent groups. A similar trend can be seen in adults, when associating educational attainment with deprivation levels. Those groups with lower qualifications have a higher prevalence of obesity, than those groups with higher qualifications. Although there is a slight deviation from this trend in adults who have higher education qualification, but below degree level, the prevalence for this group is slightly higher than the two deprivation levels below. In terms of geography, according to 2006-2008 data, the north east have a slightly higher prevalence of obesity, at 27.8%, compared to the south east, at 23.4%. The west midlands also have a reasonably high prevalence, at 26.4%. In Warwickshire there is a clear geographical trend of obesity: <ul style="list-style-type: none"> North Warwickshire – 29.6% Nuneaton & Bedworth – 29.8% Rugby – 25.8% Stratford-on-Avon – 23.5% Warwick – 21.4% <p>Public Health Outcomes Framework National Obesity Observatory – adult obesity inequalities National Obesity Observatory – geographical inequalities</p>

	<p>What broader impact does the topic have on the local population?</p>	<p>A number of <u>significant, clear and obvious direct impacts.</u></p>	<p>A <u>moderate direct and/or indirect impact.</u></p>	<p>A <u>minor indirect impact.</u></p>	<p><u>Unclear, little or no impact.</u></p>	<p>Medium – 5 points</p>	<p>1</p>	<ul style="list-style-type: none"> • Obesity has significant implications for health, social care, the economy and can also be associated with educational attainment. Being obese increases the risk of developing a range of serious diseases, including heart disease and cancers. • Obesity has a significant economic impact on the health care sector through both direct and indirect costs. The direct costs of obesity to the NHS were estimated to be £4.2 Billion in 2007. The indirect costs to the NHS were estimated to be £15.8 billion in 2007. • Obesity also affects the wider economy through loss of productivity and benefit payments. <p>National Obesity Observatory National Obesity Forum Economic Burden of Obesity</p>
<p>Cost Implications</p>	<p>Estimated economic cost associated with tackling the topic in Warwickshire</p>	<p><u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs</u> both now and in the future.</p>	<p><u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs</u> both now and in the future.</p>	<p><u>Low levels (<£1 million) of estimated economic costs</u> either now/and or in the future.</p>	<p>-</p>	<p>High - 10 points</p>	<p>1.5</p>	<p>In 2004, the Faculty of Public Health published a tool to help estimate the cost of obesity to the NHS in each local area. This publication used Primary Care Trust (PCT) areas to differentiate between the different areas. It was estimated that for the Warwickshire PCT the cost of dealing with obesity and its related diseases was going to be £68.3 million in 2007, rising to £73.9 million in 2010 and £84.9 million in 2015.</p> <p>To include the economic costs to the wider community the estimate will need to be increased significantly, due to lost productivity at work, etc. It is estimated that these indirect costs could cost the economy £27 billion in 2015.</p> <p>Faculty of Public Health toolkit National Obesity Observatory – economics National Obesity Observatory - tackling obesity in local authorities</p>

Total Score = 83.5

Maximum points available: 115