



Healthwatch Walsall

Obesity Report





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Forward

The Healthwatch Walsall Assembly chose obesity as a topic for one its workstreams. There were multiple drivers behind the rationale for this – feedback the Assembly members themselves received from members of the public, the statement in the 2013 Walsall Joint Strategic Needs Assessment (WJSNA, 2013) and the continuing high prevalence rate of obesity as reported in the annual health profiles for Walsall.

In 2010 Walsall was below the average for England for childhood obesity at year six. Subsequent years have seen it raise dramatically in line with the England averages but it is now higher by five percentage points than the England average. Adult obesity has also risen increasingly over the last two years from remaining fairly stable albeit higher than the England average.

The ‘Public Health Contracts: Contract performance management and impact upon Public Health outcomes 2013/14 report to the Health Scrutiny and Performance Panel of 11th March 2014’ stated:

3.1 Obesity is a very significant contributor to illness and premature death in the borough. Serious health consequences include Type II diabetes, cardiovascular disease, liver disease, musculoskeletal disorders such as osteoarthritis, and certain cancers. Without action, overweight and obesity-related diseases will cost NHS Walsall an estimated £82 million per year by 2015 (JSNA, 2013). It is estimated that obesity related illness will result in the loss of 43,000 working days, £9m-£14.5m in lost earnings and a £40m loss to the wider economy in Walsall (JSNA, 2013). (Page 6)

The remit of the Obesity workstream is to report the general public's opinions and desires in relation to obesity.

To this end a survey was designed to capture people's thoughts around the sensitive subject of their weight, their concerns regarding the subject and their activity levels. This initial survey focusses on adults views with some views of their children. A further piece of work is required with



children and young people to seek their views around obesity and the impact they perceive it has upon them.

The Obesity workstream were all members of the Healthwatch Walsall Assembly:

- Brian Gillham
- Deirdre Pedley
- Doreen Wilson
- Hazel Gillham
- Mike Eyre
- Tony Wilson
- Val Penney.





Executive summary

The remit of the Obesity workstream is to report the general public's opinions and desires in relation to obesity. To this end a weight survey was designed to capture people's thoughts around the sensitive subject of their weight, their concerns regarding the subject and their activity levels.

The general health of people living in Walsall in 2014 is generally worse than the England average. Deprivation is higher, with life expectancy for both men and women lower than the England average. In 2011 the population of Walsall was at 269,500 in 2015 it is 272,000 with a prediction that this will increase to 281,700 by 2021.

The Healthwatch Walsall Weight Survey was carried out to obtain the views of as many people living in Walsall in as many post code areas as possible. The aim was to obtain their personal views and experiences. The Obesity workstream decided that a 'Questionnaire' was the best option for collecting accurate, 'Qualitative' and 'Quantitative' data.

Of the 500 questionnaires printed and made available 482 questionnaires were returned completed providing data from 9,640 questions from both genders, both adults and children, with adults completing the questionnaires for themselves and on behalf of their children should they have any. This was undertaken within a short time scale from March 15th 2015 up to and including 30th April 2015.

68% were concerned or very concerned about obesity as a community issue though when it came to their own weights 52% were either not really worried or not worried at all compared to 44% who were worried or very worried. However, 54% were actively trying to lose weight and 42% were not trying to.

Respondents were asked if they were currently doing anything to improve their health and could choose multiple categories. Eating healthier was the main approach with people also favouring watching their portion sizes or doing more exercise. Smaller numbers were dieting or going to a gym though there were a similar amount not doing anything.

The main thing that held people back from getting healthier or in better shape was not enough time and slightly less said a lack of motivation was also a factor. Financial issues and poor health were also sizeable



barriers. Most organisations do not wish to take ownership for the issue based on the workstreams attempts to work proactively with all relevant groups in or who are responsible for services in Walsall.

Obesity is on the rise based on year on year trends. Notwithstanding the results of our survey that show obesity is community concern the 2013 JSNA strongly suggests that the rise in obesity will become a major financial implication for the NHS not least its impact on people.

What is evident is that it will take a multi-agency approach to firstly agree upon a strategy and then to deliver it in these times of forced austerity. One of the key stakeholders has to be the communities themselves in working to solutions that will make a real difference. This could be by simply making sure that any public infrastructure developments provide the opportunity for people to be able to participate in a range of physical activity that have no or little cost implication and importantly are local so that people can easily dip in and out.





Recommendations

- That all key stakeholders including Healthwatch Walsall create an obesity/healthy lifestyle task group to address this important subject in Walsall as well as making Walsall one of the healthiest places in the UK or West Midlands. This must include the voice of the people of Walsall so that we deliver the commitment demonstrated in the Simon Steven's 'Five Year Forward Review' (NHS, 2014) must become embedded into our local NHS and Local Authority Health provision decisions
- The obesity/healthy lifestyle task group to develop a strategy that looks at a healthy lifestyle which incorporates actions to address obesity in all factors both causation and remedies. These actions must include:
 - all barriers such as lack of opportunity to exercise be it because of no local opportunities or financial restrictions
 - proactively publishing information about free exercise opportunities by all stakeholders for example the new trim trail in the Arboretum and Visitors Centre would be a great places to promote the opportunities that are available throughout Walsall
 - developing a scheme for all fast food takeaways to sign up to and be accredited when they publish calorific information on their menus plus the same when they provide healthy options when they have a certain percentage of dishes available
- The obesity/healthy lifestyle task group can use the recently published information about the 10 new healthy towns to inform the work of the group.



Healthwatch Walsall Weight Survey

The Healthwatch Walsall Assembly chose obesity as a topic for one of its workstreams. There were multiple drivers behind the rationale for this – feedback the Assembly members themselves received from members of the public, the statement in the 2013 Walsall Joint Strategic Needs Assessment (WJSNA, 2013) and the continuing high prevalence rate of obesity as reported in the annual health profiles for Walsall.

In 2010 Walsall was below the average for England for childhood obesity at year six. Subsequent years have seen it rise dramatically in line with the England averages but it is now higher by five percentage points than the England average. Adult obesity has also risen increasingly over the last two years from remaining fairly stable albeit higher than the England average.

The Healthwatch Walsall Weight Survey was developed by the Healthwatch Walsall Obesity Workstream. The aim was to obtain the personal views and experiences of as many people living in Walsall in as many post code areas as possible. The Obesity workstream decided that a 'Questionnaire' was the best option for collecting accurate, 'Qualitative' and 'Quantitative' data.

Of the 500 questionnaires printed and made available 482 questionnaires were returned completed providing data from 9,640 questions from both genders, both adults and children, with adults completing the questionnaires for themselves and on behalf of their children should they have any. This was undertaken within a short time scale from March 15th 2015 up to and including 30th April 2015.

Healthwatch Walsall Obesity Workstream members visited their local Neighborhoods to get questionnaires completed in as many Post Code areas as possible in the time period available.

Completed questionnaires were received from:

- Walsall Housing Group
- GP Surgeries
- The Main Entrance area of Manor Hospital utilising the Healthwatch Walsall Engagement Team and all members of the Healthwatch Walsall Assembly
- Third sector Organisations



- People filling in the questionnaire that was available from the Healthwatch Walsall website
- Healthwatch Walsall Obesity Workstream members who visited various community locations to get questionnaires completed by the general public.

Healthwatch Walsall Obesity Workstream would like to express its sincere thanks to all individuals and organisations for the completion and support in promoting the completion of the survey questionnaire.

The questionnaire was aimed at and issued to adults above the age of 17 only. No children, or young adults were invited to complete a questionnaire. However, parents with children were invited to enter data about their child/children if they wished to. No pressure was applied to any respondent to all answer all the questions, they were merely asked to compete questions they were comfortable in answering. No targeting of specific groups was undertaken, all people were equally asked if they wished to complete the questionnaire, which allowed for self-selection. All the questionnaires were independently completed by the respondent with no inputs, help, suggestions, inducements, or rewards of any kind from any person involved in collecting, collating, or analysing the data returned.

All questionnaires were completed anonymously as there was no mandatory requirement for personal, or identifiable information. However, demographic information, such as ethnicity of participant, Post Code of each individual, the age and gender, were collected where possible. The collection of demographic information enabled the Healthwatch Walsall Obesity Workstream to monitor the diversity of the respondents to ensure that it was representative of the Boroughs geographical locations according to post code data returns.

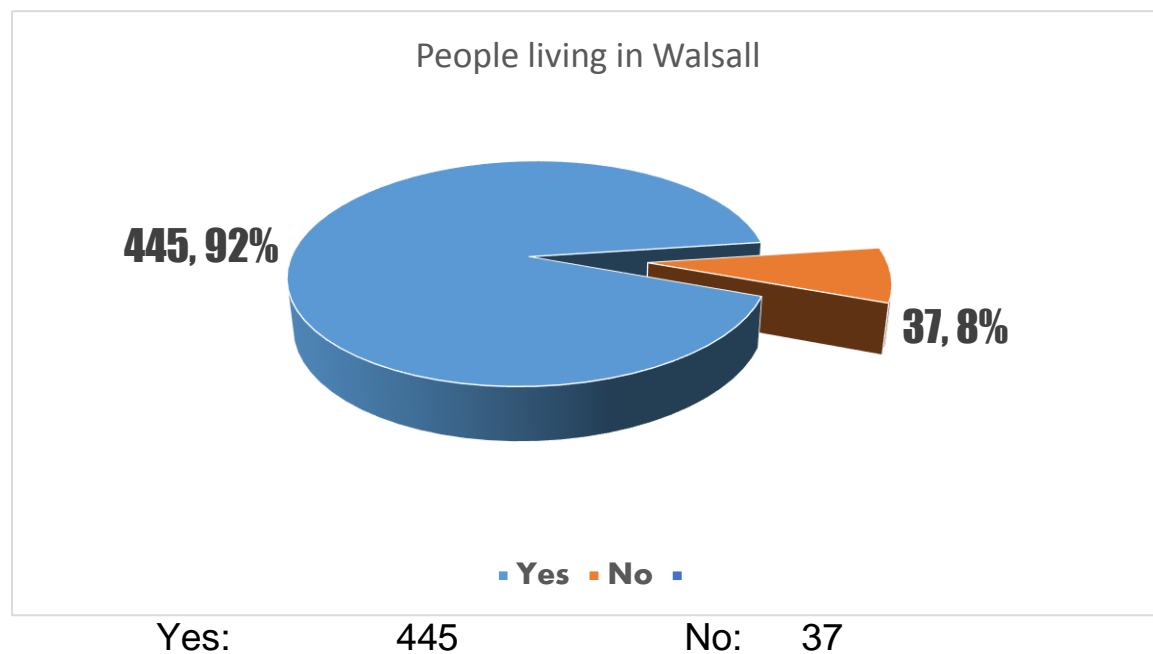
Respondents were offered a Healthwatch Walsall Key ring, pen, or stress relief small ball as a thank you only after completing their questionnaire. A majority of respondents took up this offer.



Healthwatch Walsall Obesity Workstream Survey findings

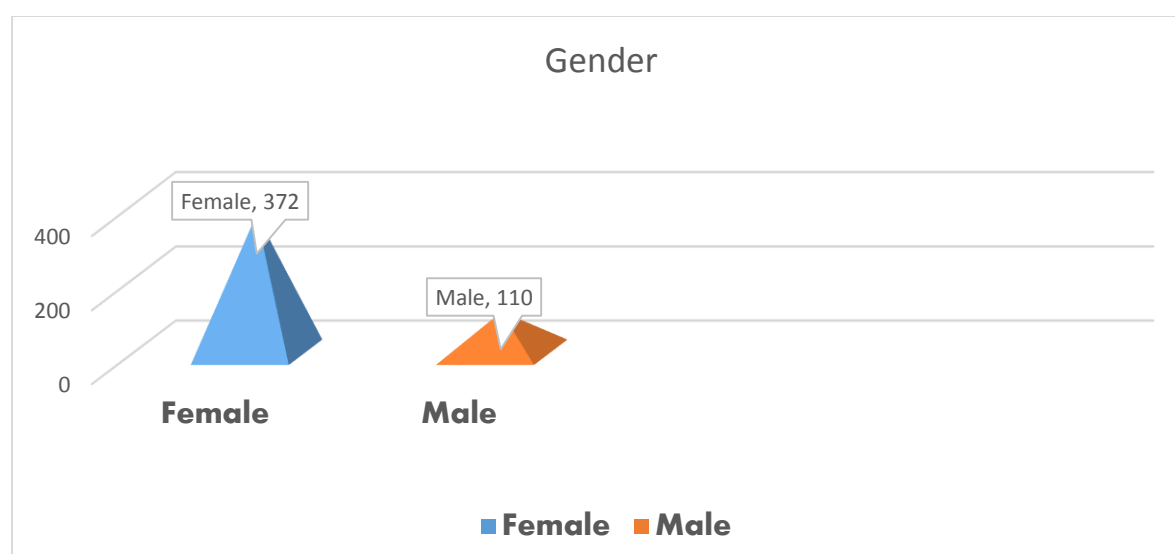
The data returns were as follows:

1. Do You Live in Walsall



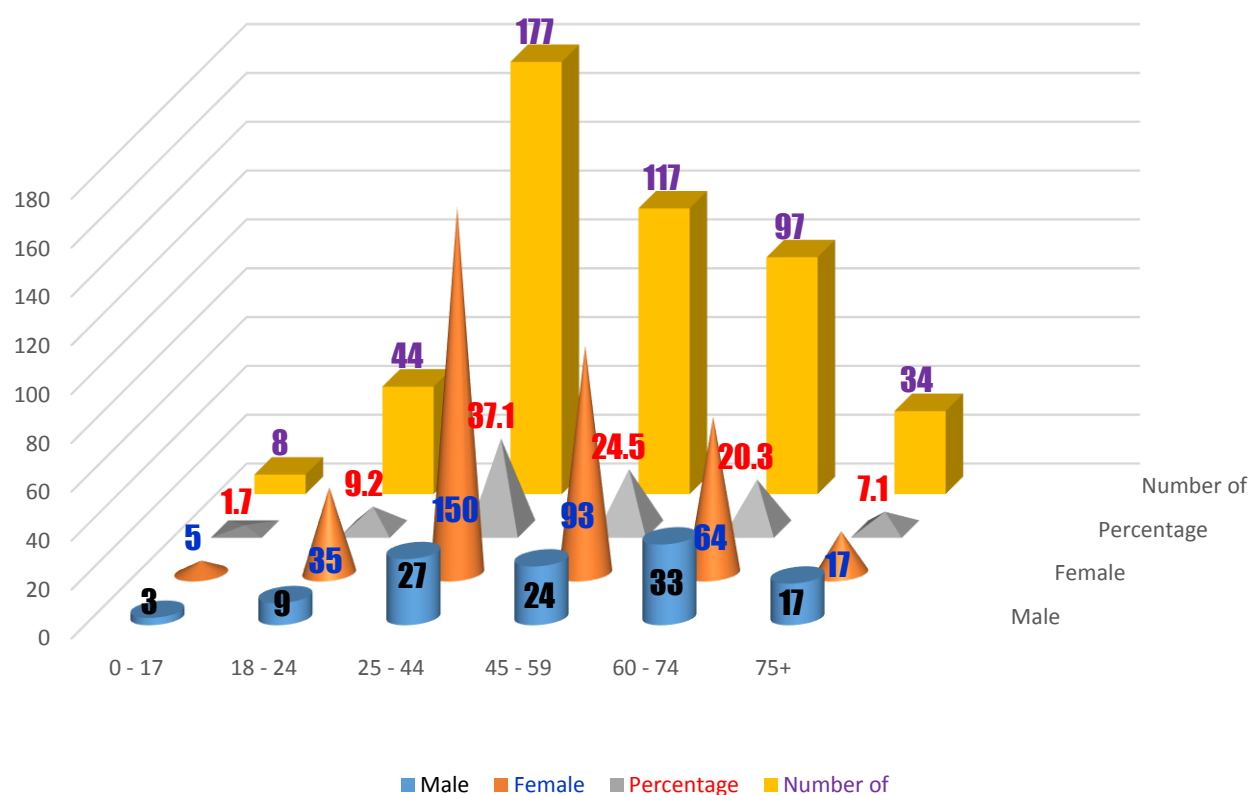
Of the 37 who stated they did not live in Walsall all 37 were working in Manor Hospital [Staff] or visiting patients on the day of the survey in Manor Hospital.

2. Are You





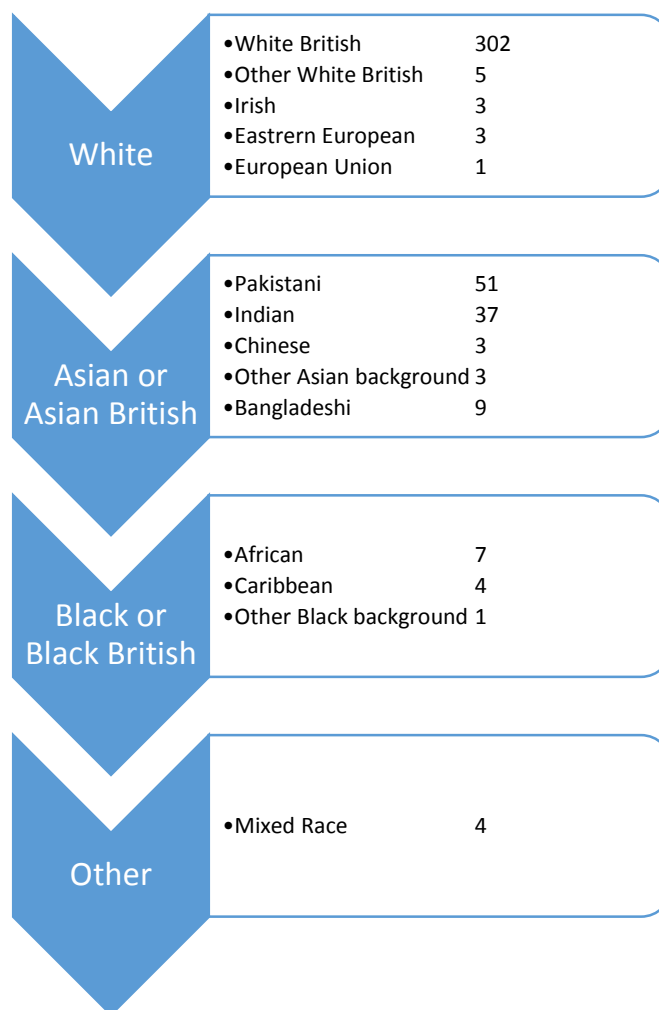
Gender and age profile of respondents



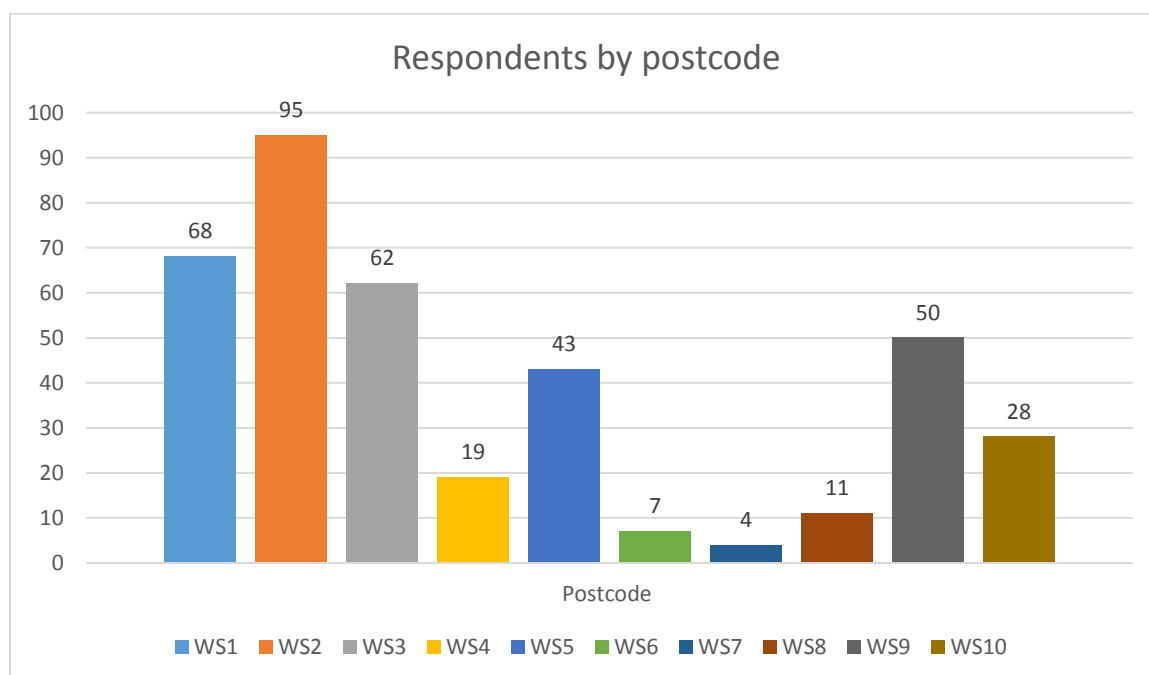
3.	Age	No	Male	Female	%
	0 – 17	= 8	3	5	1.7
	18 – 24	= 44	9	35	9.2
	25 – 44	= 177	27	150	37.1
	45 – 59	= 117	24	93	24.5
	60 – 74	= 97	33	64	20.3
	75+	= 34	17	17	7.1
		-----	-----	-----	-----
		477	113	364	99.9%



4. Ethnicity



5. Post Code



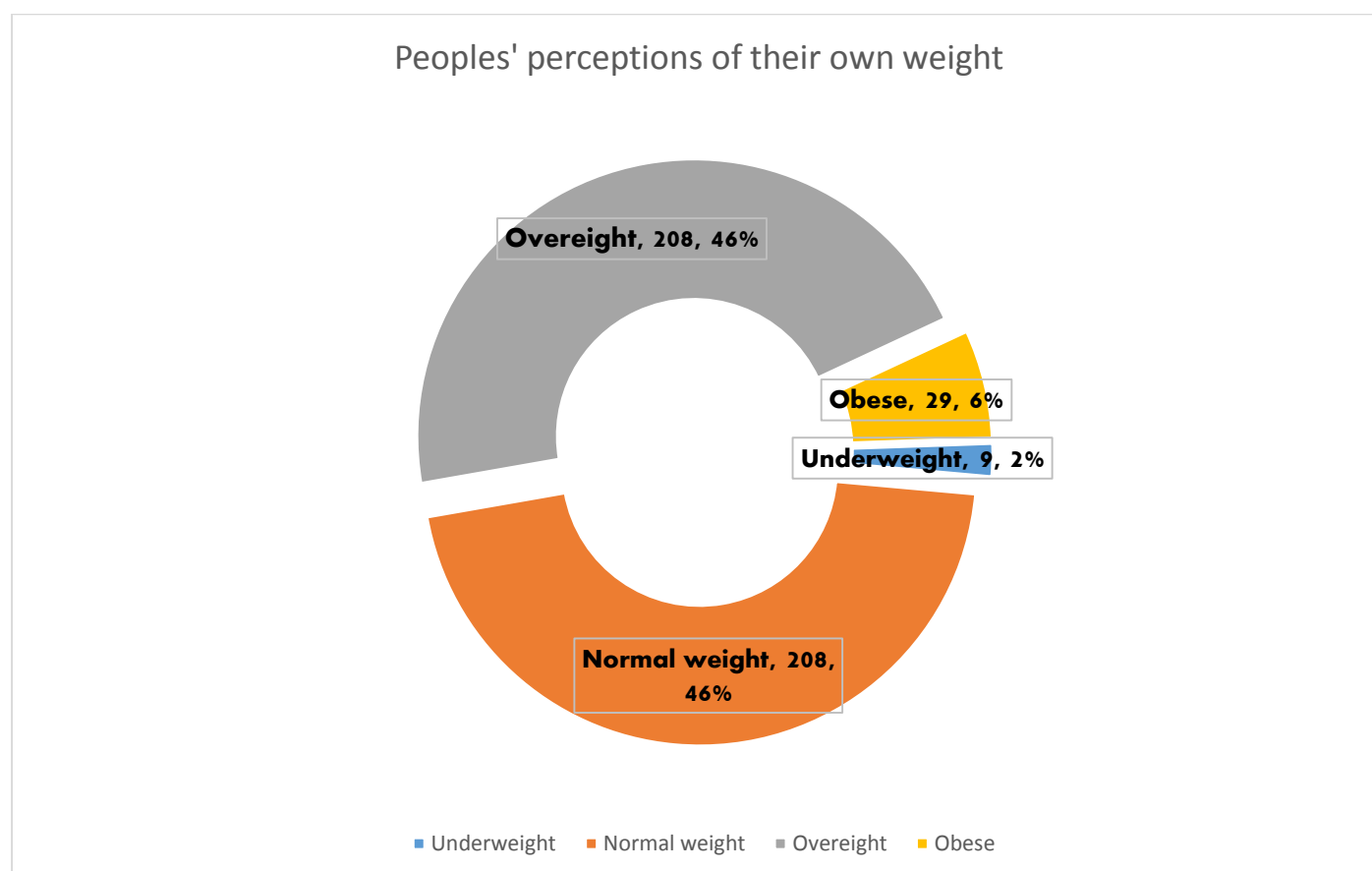


Others

These consisted of 73 from twenty different Post Codes just outside Walsall.

Of these 'Others' data returns 48 were obtained from people either working in, or visiting the Manor Hospital, either working NHS staff or visiting patients on the days the survey was carried out on site.

6. Do You Consider Yourself

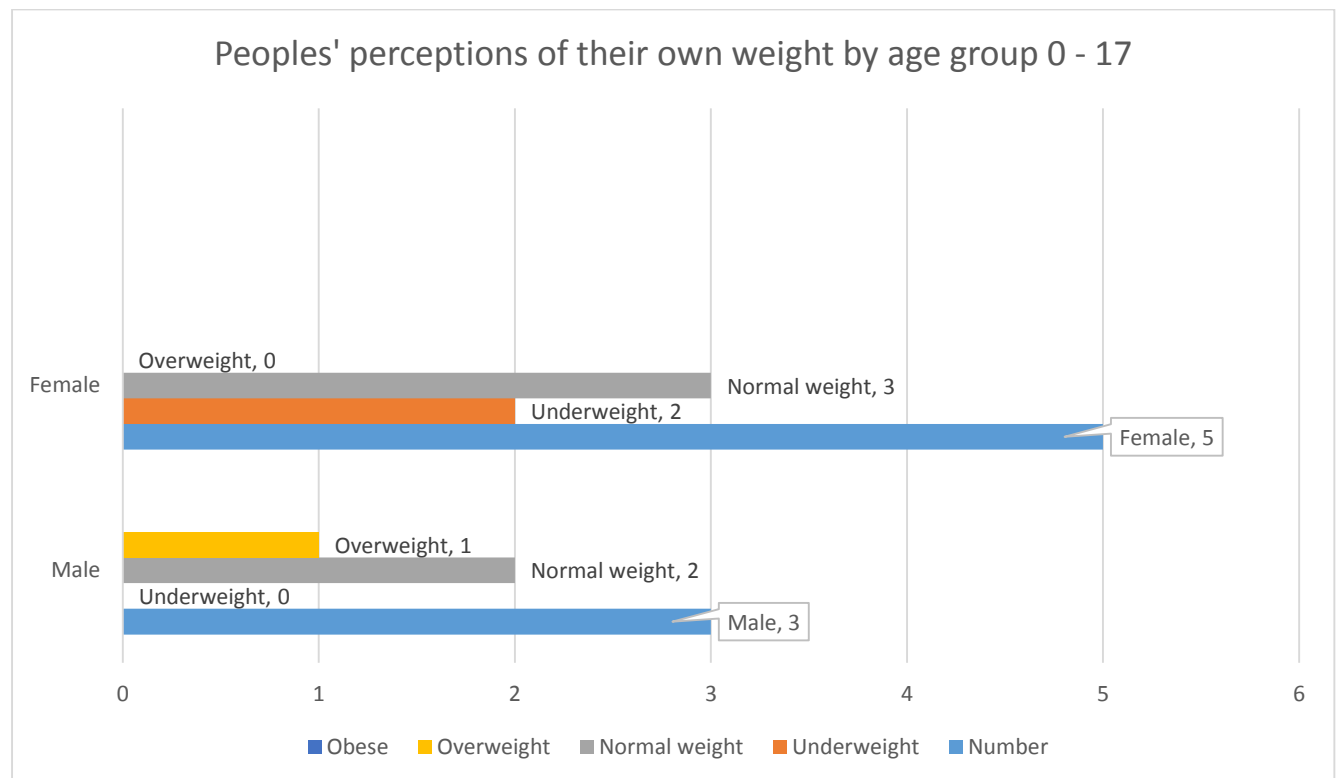


Underweight	=	9
Normal Weight	=	208
Overweight	=	208
Obese	=	29

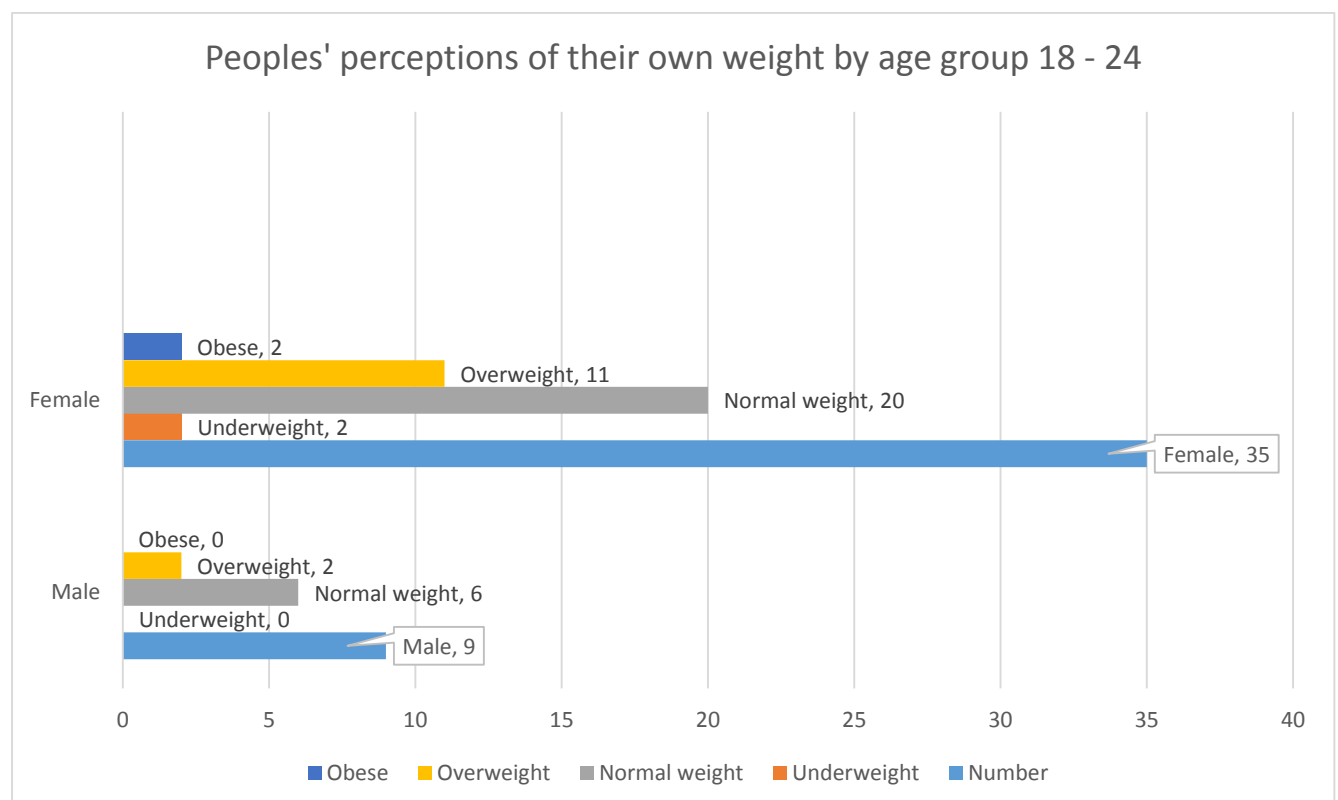


Broken down by age group:

A 0 - 17

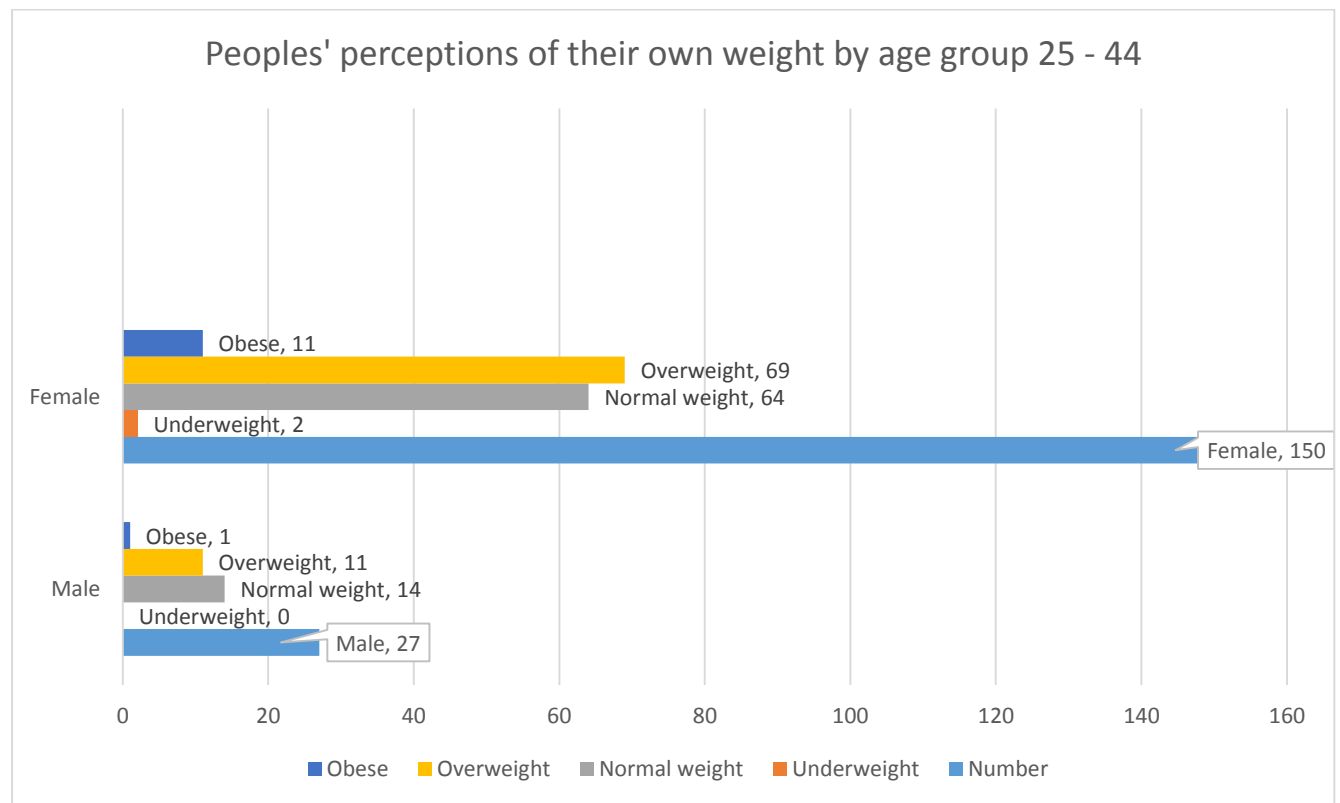


B 18 - 24

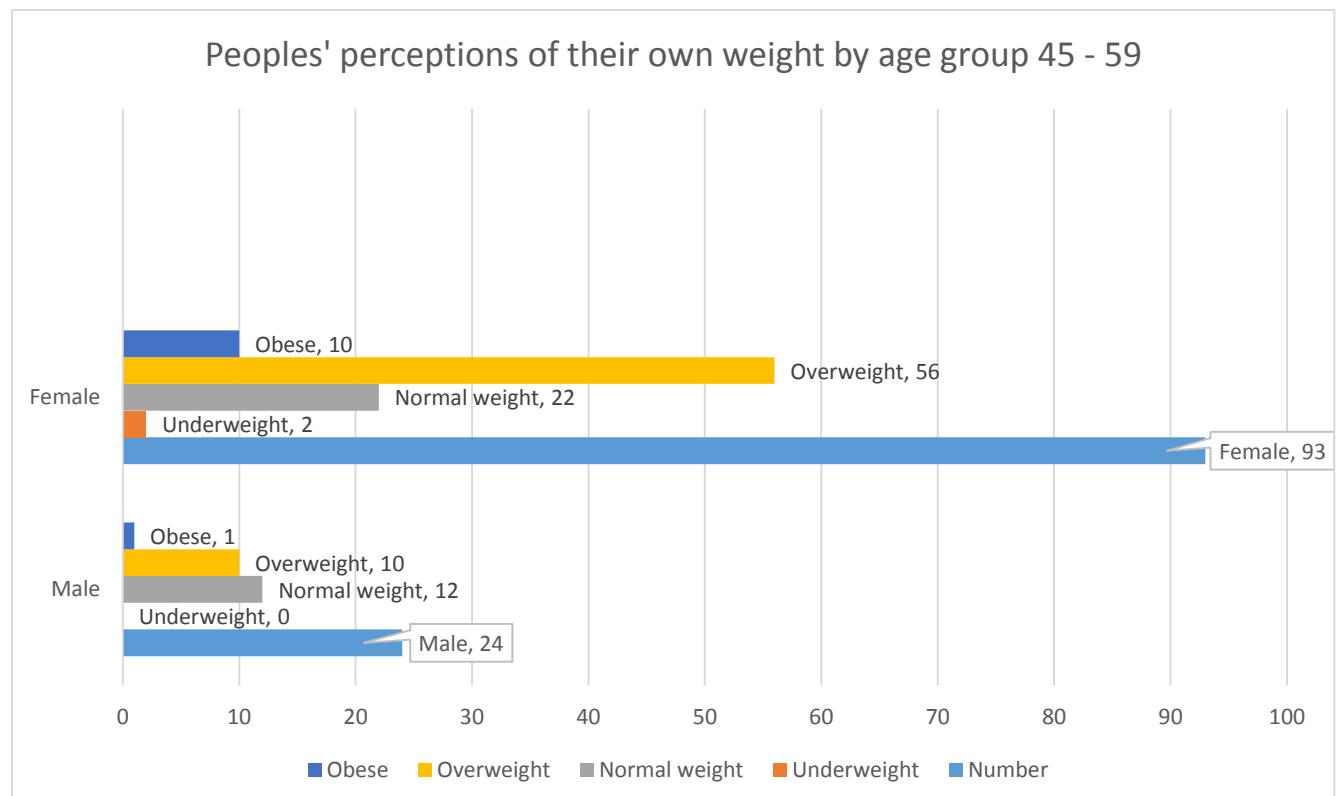




C 25 - 44

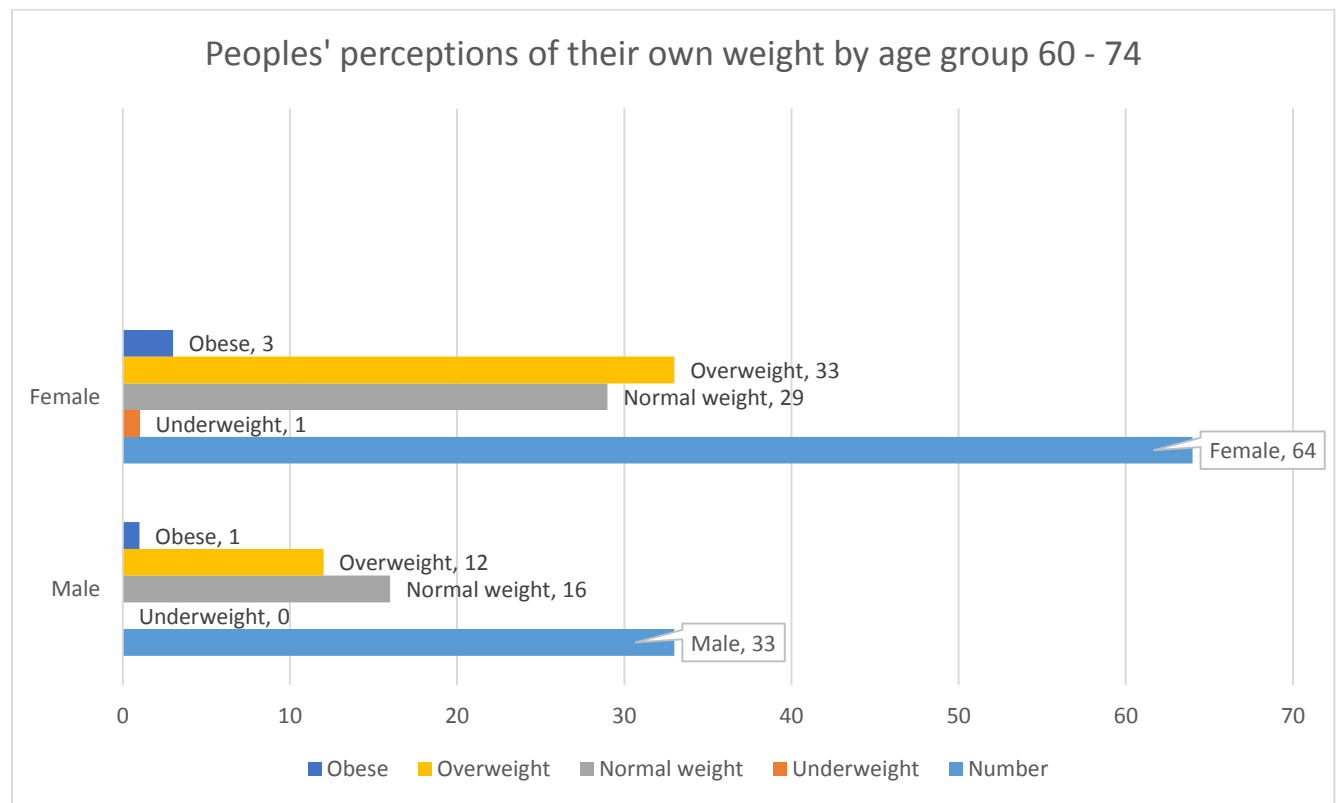


D 45 - 59

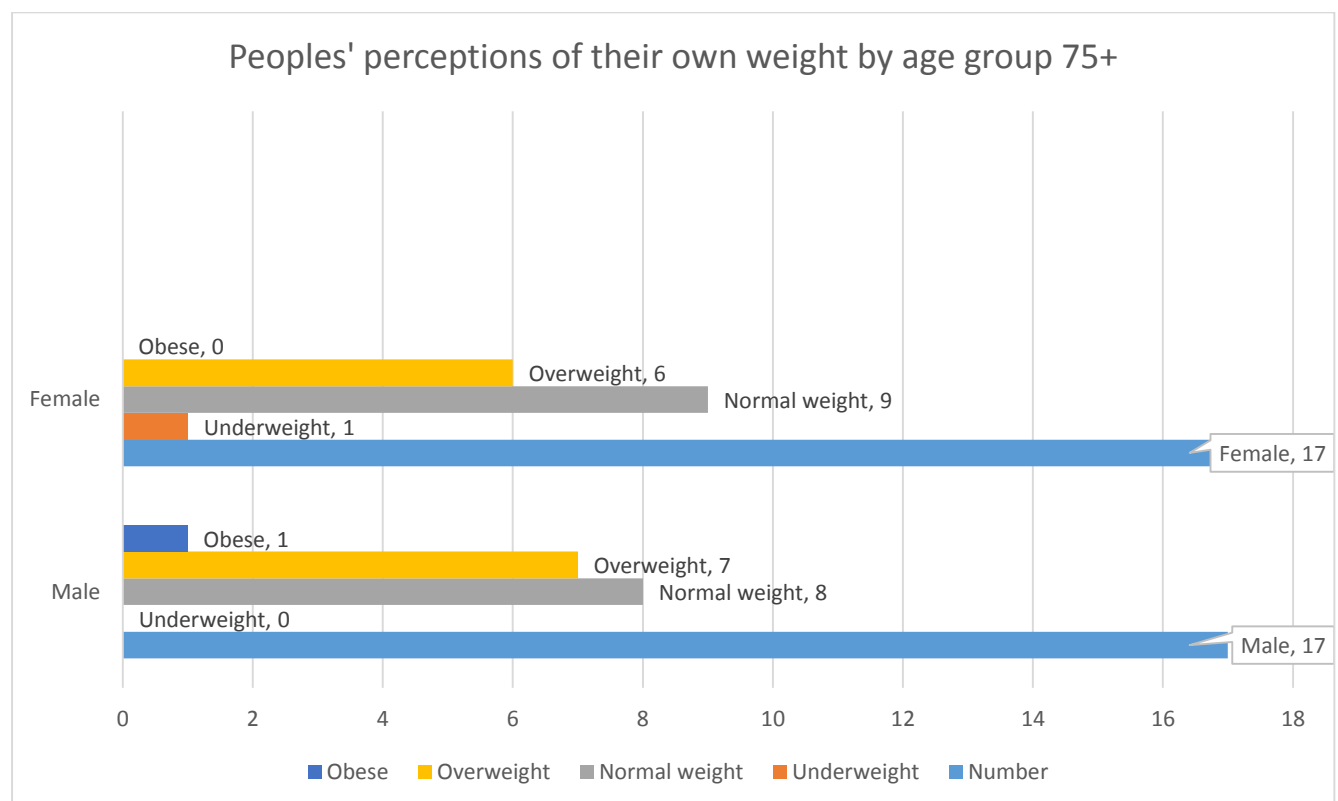




E 60 - 74

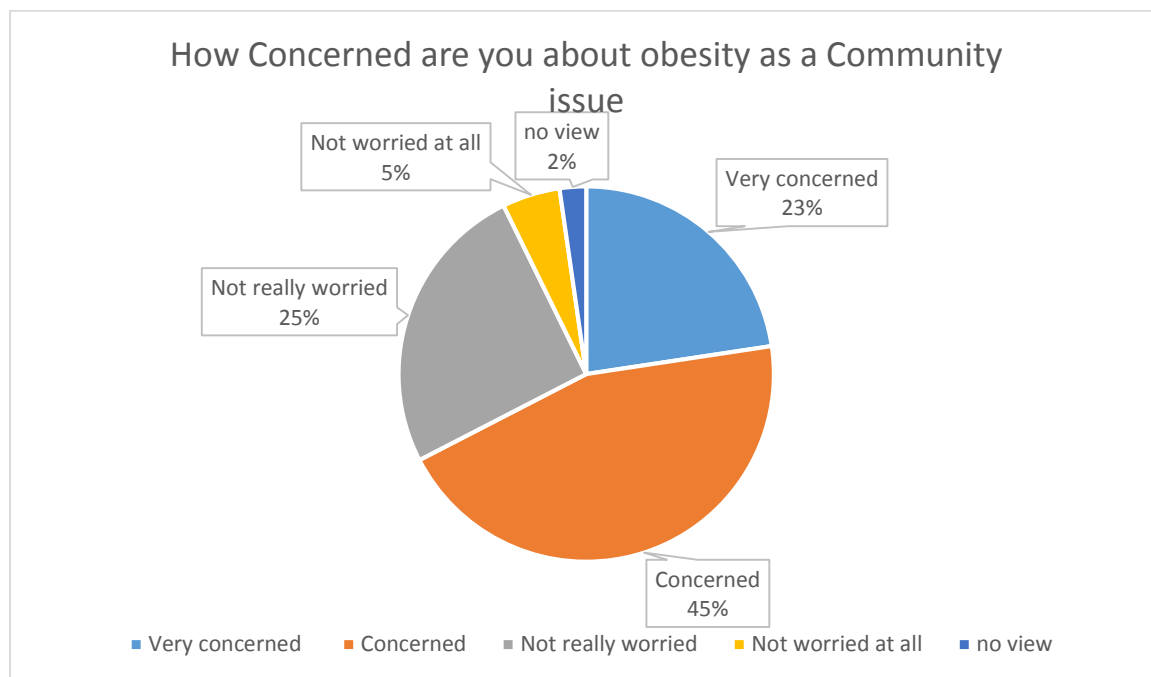


F 75+



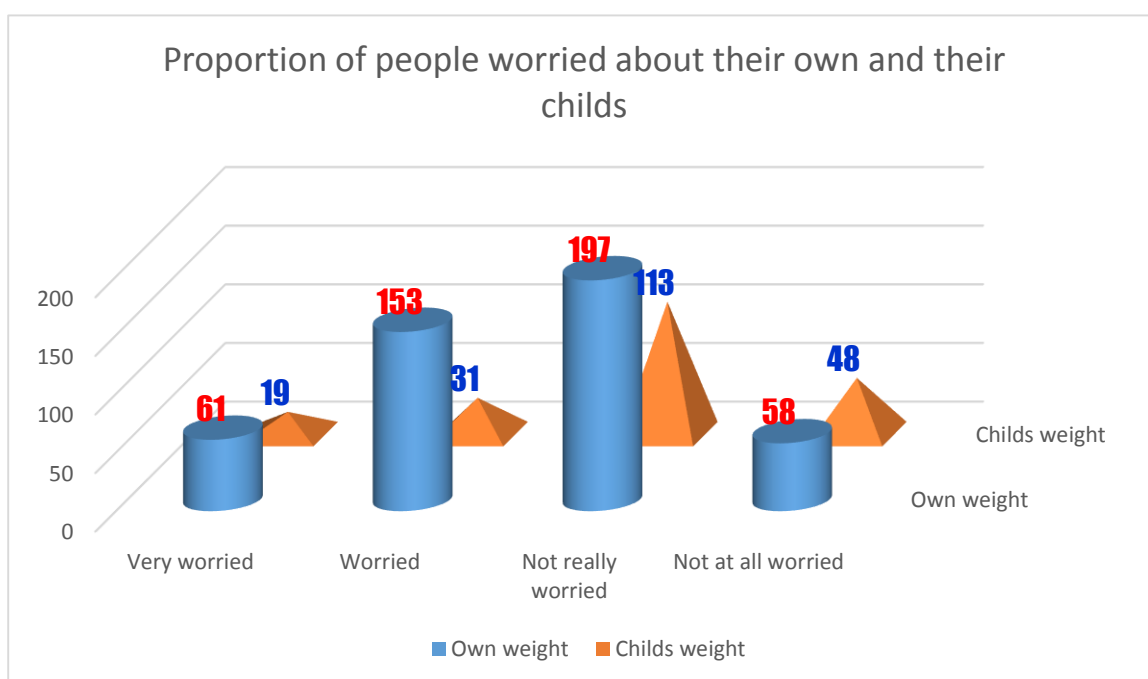


7. How Concerned are you about obesity as a Community issue



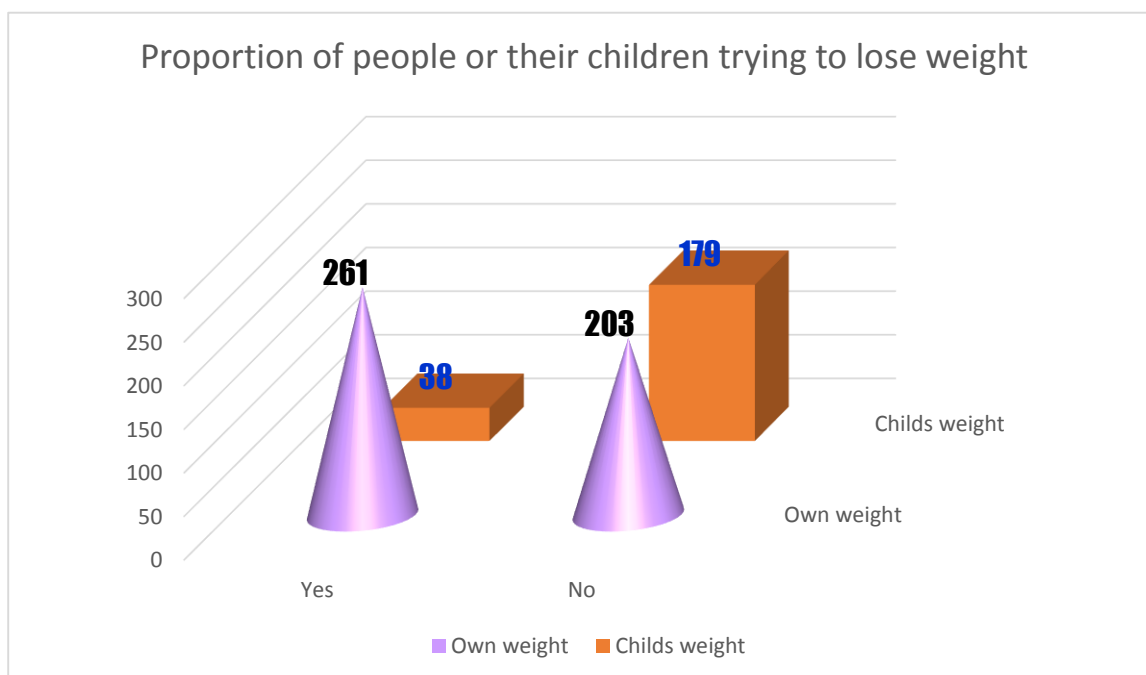
Of the 482 that answered this question 68% were Very Concerned or Concerned about obesity as a community issue.

8. How worried are you about your weight?

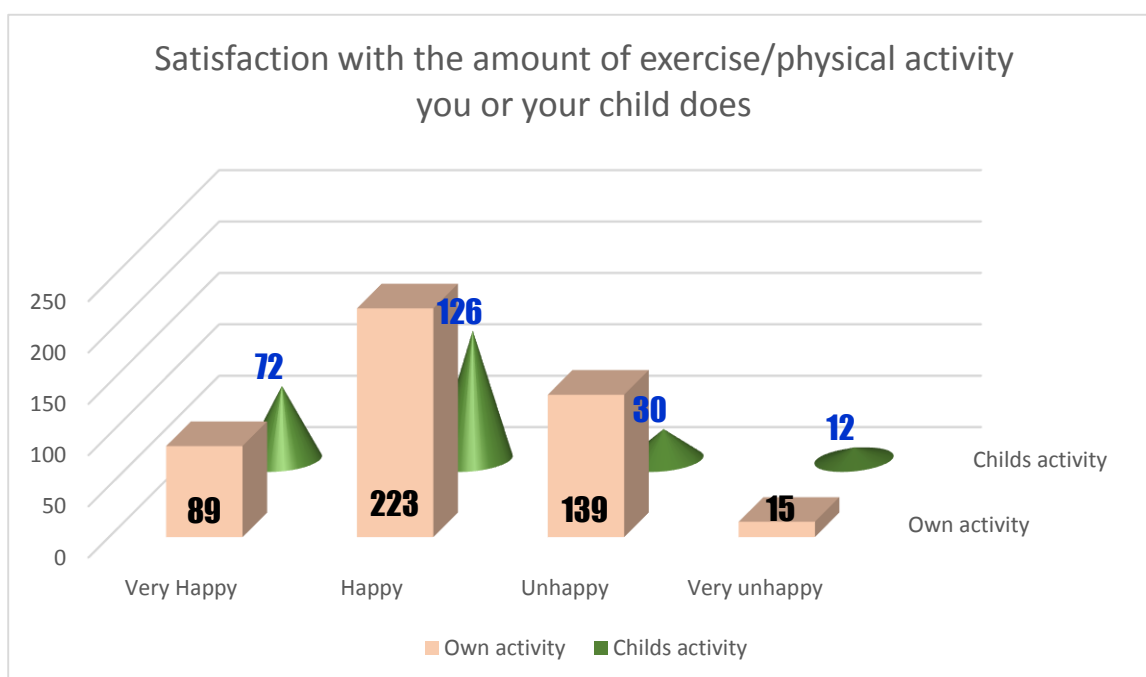




9. Are you or your child trying to lose weight at the moment?

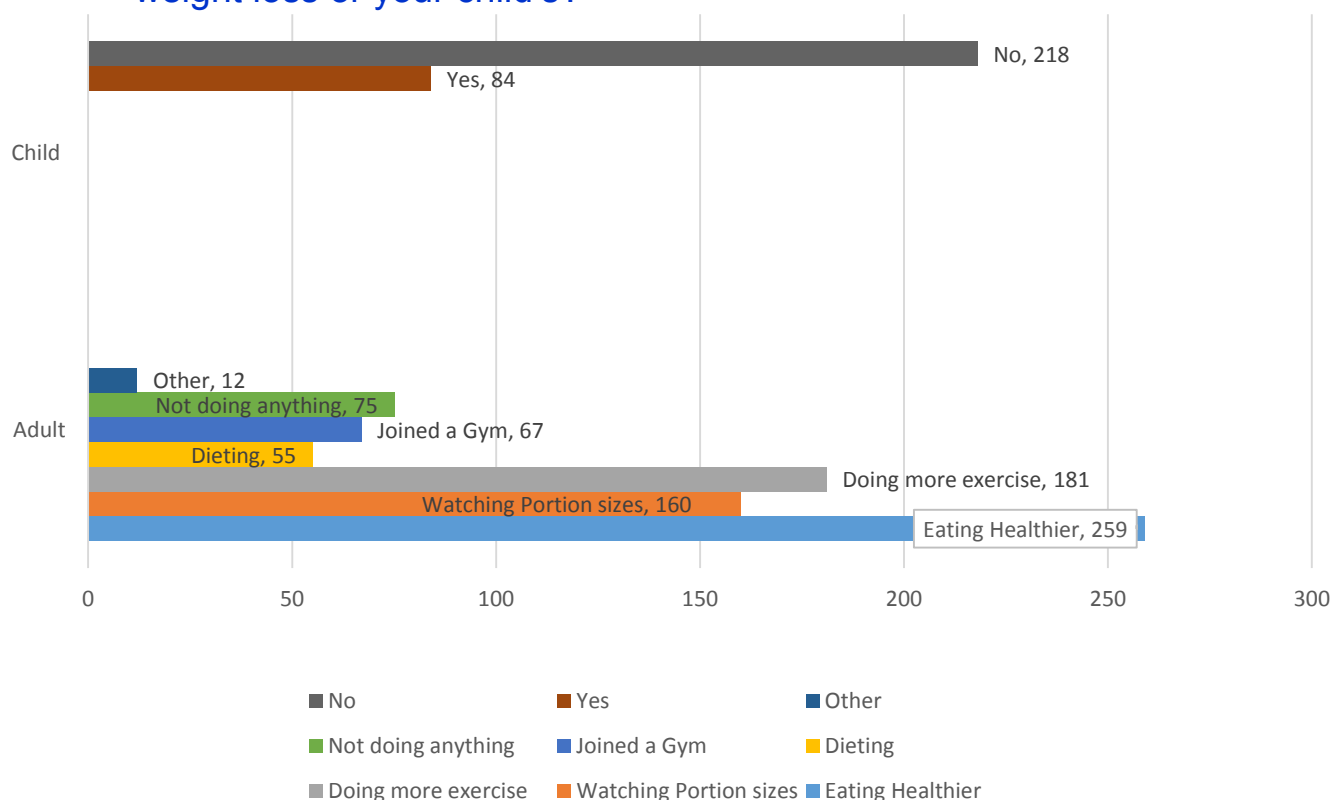


10. How happy are you with the amount of exercise/physical activity you or your child does?

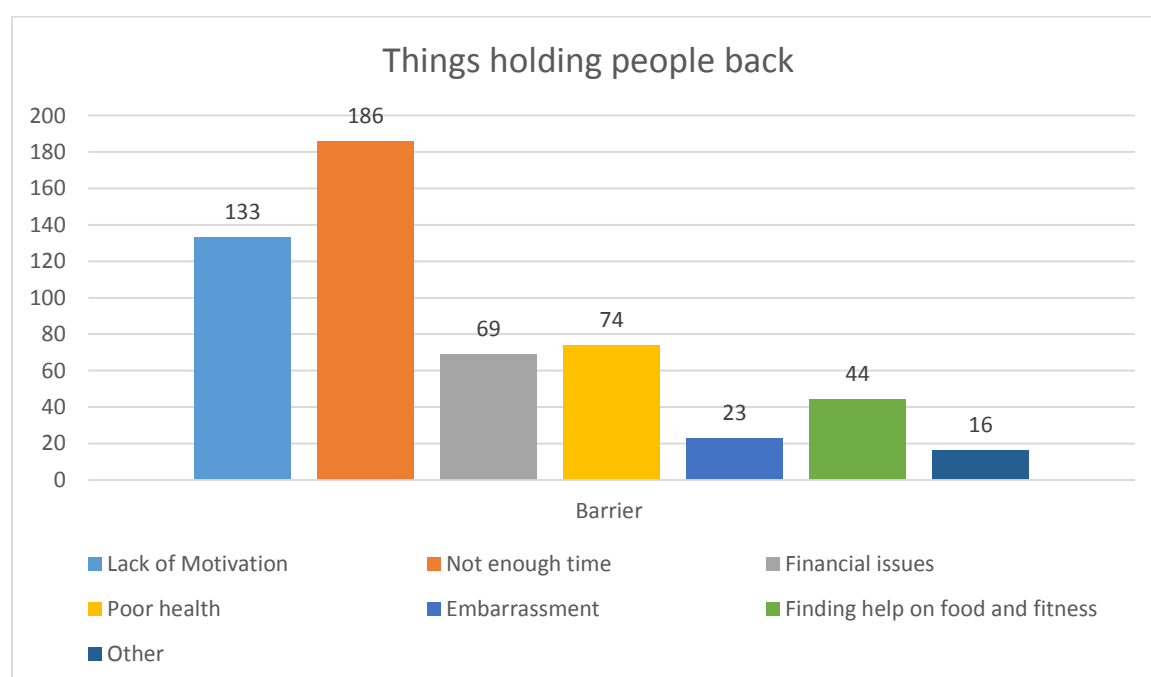




11. Are you currently doing anything to improve your health and/or weight loss or your child's?



12. If you or a member of your family want to get healthier or in better shape, what if anything is holding you back.





Many of the participants gave more than one answer to this question with listing from one to four barriers to themselves, or a family member to get healthier, or in better shape, Of the 482 participants 102 did not answer this question.





Data Findings Summary

92% of respondents live in Walsall with almost a 4:1 ratio of females to males completing the survey.

The largest groups of respondents were in the 25 – 44, 45 – 59 and 60 – 74 age groups. 62% were from a white British background, 26% from Minority Communities and 11% did not respond to this question.

43% of respondents felt they were in a normal weight category though 43% thought they were overweight. 6% felt they fell in the obese category and under 2% felt they were underweight.

Females in the 45 – 59 age group responded that there were more overweight or obese than the other age groups. More females in the age groups 18 – 24, 25 – 44 and 45 – 59 felt that there were more overweight or obese than the males. This lessened in the 60 – 74 age group and balanced in the 75+ age group.

68% were concerned or very concerned about obesity as a community issue though when it came to their own weights 52% were either not really worried or not worried at all compared to 44% who were worried or very worried. However, 54% were actively trying to lose weight and 42% were not trying to.

64% of respondents were happy or very happy with their amount of exercise or physical activity whereas 32% were unhappy or very unhappy.

Respondents were asked if they were currently doing anything to improve their health and could choose multiple categories. Eating healthier was the main approach with people also favouring watching their portion sizes or doing more exercise. Smaller numbers were dieting or going to a gym though there were a similar amount not doing anything.

The main thing that held people back from getting healthier or in better shape was not enough time and slightly less said a lack of motivation was also a factor. Financial issues and poor health were also sizeable barriers.

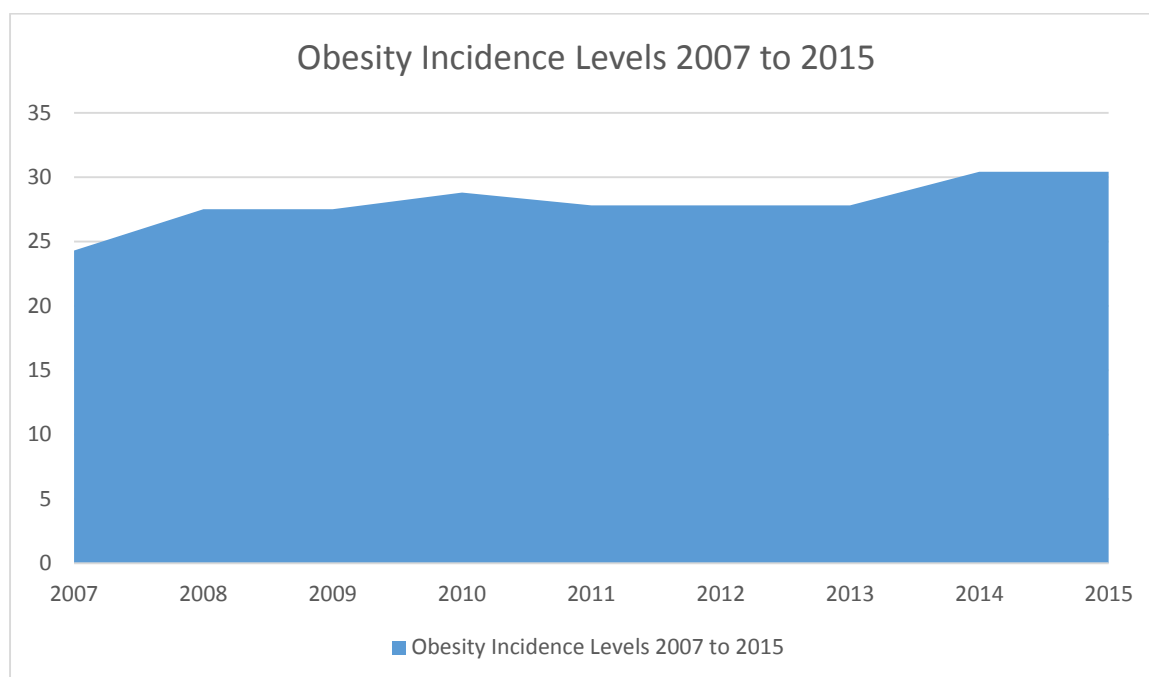


The health picture in Walsall

The general health of peoples living in Walsall in 2014 is generally worse than the England average. Deprivation is higher, with life expectancy for both men and women lower than the England average. In 2011 the population of Walsall was at 269,500 in 2015 it is 272,000 with a prediction that this will increase to 281,700 by 2021.

In 2010 Walsall was below the average for England for childhood obesity at year six. Subsequent years have seen it raise dramatically in line with the England averages but it is now higher by five percentage points than the England average. Adult obesity has also risen increasingly over the last two years from remaining fairly stable albeit higher than the England average.

Walsall Adult Obesity Incidence Levels 2007 to 2015 (%)



Obesity

Adults	2007	2008	2009	2010	2011	2012	2013	2014	2015
Walsall	24.3	27.5	27.5	28.8	27.8	27.8	27.8	30.4	30.4

The 'Public Health Contracts: Contract performance management and impact upon Public Health outcomes 2013/14 report to the Health Scrutiny and Performance Panel of 11th March 2014' stated:



3.1 Obesity is a very significant contributor to illness and premature death in the borough. Serious health consequences include Type II diabetes, cardiovascular disease, liver disease, musculoskeletal disorders such as osteoarthritis, and certain cancers. Without action, overweight and obesity-related diseases will cost NHS Walsall an estimated £82 million per year by 2015 (JSNA, 2013). It is estimated that obesity related illness will result in the loss of 43,000 working days, £9m-£14.5m in lost earnings and a £40m loss to the wider economy in Walsall (JSNA, 2013). (Page 6)





Ongoing impact on Walsall

Obesity is on the rise based on year on year trends. Notwithstanding the results of our survey that show obesity is community concern, the 2013 JSNA strongly suggests that the rise in obesity will become a major financial implication for the NHS not least its impact on people.

It is clear that most organisations do not wish to take ownership for the issue based on the Obesity Workstreams attempts to work proactively with all relevant groups in or who are responsible for services in Walsall. We have chosen not to list those organisations here as we do not feel it will serve any purpose to name and potentially shame those who have metaphorically washed their hands of the problem.

What is evident is that it will take a multi-agency approach to firstly agree upon a strategy and then to deliver it in these times of forced austerity. One of the key stakeholders has to be the communities themselves in working to solutions that will make a real difference. This could be by simply making sure that any public infrastructure developments provide the opportunity for people to be able to participate in a range of physical activity that have no or little cost implication and importantly are local so that people can easily dip in and out.

This could be as simple as providing safe locally accessible open spaces with a range of outdoor gym type equipment that is of the robust metal design that will provide many years of reliable service. Linked with community initiatives such as co-operative/mutual food stores or shared gardens or community kitchens to help people learn healthy cooking skills rather than relying on convenience food or takeaways.



Recommendations

- That all key stakeholders including Healthwatch Walsall create an obesity/healthy lifestyle task group to address this important subject in Walsall as well as making Walsall one of the healthiest places in the UK or West Midlands. This must include the voice of the people of Walsall so that we deliver the commitment demonstrated in the Simon Steven's 'Five Year Forward Review' (NHS, 2014) must become embedded into our local NHS and Local Authority Health provision decisions
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Public Health Contracts: Contract performance management and impact upon Public Health outcomes 2013/14 report to the Health Scrutiny and Performance Panel of 11th March 2014 , page 6: available from [Walsall CMIS](#) Health Scrutiny and Performance Panel 11th March 2014.

Simon Stevens 'Five Year Forward Review': NHS, 2014: available from:
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>



Strengthening the public and patient voice
Ensuring local health care and care services are centred around what matters to the Walsall people

March 2016

healthwatch
Walsall