

Rapid Desk Top Health Needs Assessment

Healthy Weight

August 2023



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Introduction

The purpose of this Rapid Desk Top Health Needs Assessment (HNA) is to provide a picture of healthy weight need in Warrington using data that is publicly available or easily accessible within a short timeframe. This approach has been adopted by the Public Health Knowledge and Intelligence Team as a number of Health Needs Assessments have been requested simultaneously due to the prioritisation process recently conducted by senior members of the Public Health Team.

This Rapid Desk Top HNA will look at healthy weight and the impact it has on the health, wellbeing, and service use. This Rapid Desk Top HNA will include data relating to:

- The National Child Measurement Programme (NCMP)
- Overweight and obesity prevalence in adults
- Activity levels in adults and children
- Fruit and vegetable consumption
- Obesity related hospital admissions
- Musculoskeletal conditions

Where data allows it will be presented by:

- Age group
- Sex
- Various geographic levels
- Deprivation groupings

Where data allows it will be compared to:

- England
- North West
- Any other relevant comparator areas



Key findings

- In 2021/22, prevalence of being overweight (including obesity), obesity (including severe obesity) and severe obesity, had increased in Year 6 children in Warrington compared to pre-pandemic levels in 2019/20.
- Prevalence of obesity (including severe obesity) in Year 6 children is twice as high as the prevalence in Reception, this is seen in Warrington, the North West and England.
- Quality Outcomes Framework (QOF) prevalence of obesity in adults broken down by Primary Care Network (PCN) shows that the East Warrington Network has the highest obesity prevalence of 13.0%, significantly higher than the Warrington average (9.6%). The South Warrington Network has the lowest prevalence 5.0%, significantly lower than the Warrington average.
- Looking at the QOF obesity prevalence by GP deprivation, data shows that the more deprived GP practices have a significantly higher obesity prevalence, and the less deprived GP practices have significantly lower obesity prevalence when compared to the average Warrington prevalence.
- Data from the Active Lives Adult Survey conducted by Sport England, demonstrates that Warrington has a significantly higher proportion of adults classified as overweight or obese compared to England. In 2021/22 Warrington's proportion was 70.6% compared to 63.8% in England. Over the most recent two time periods, prevalence of overweight/obesity in Warrington increased substantially from 64.2% in 2020/21 to 70.6% in 2021/22.
- Nationally, males have a significantly higher proportion of adults classified as overweight or obese compared to females.
- Nationally, deprivation is very strongly linked with prevalence of overweight/obesity and obesity, with individuals living in the more deprived deciles having significantly higher prevalence compared to England, and those living in the less deprived deciles having significantly lower prevalence.
- Children in Warrington tend to have a higher percentage of physically active children compared to the North West and England. In 2020/21 and 2021/22, adults in Warrington also had a slightly higher percentage of physical activity than England and the North West. These differences were not significant.
- Nationally, males have a higher percentage of physically active adults than females. Prevalence varied significantly by deprivation, the more deprived deciles had significantly lower percentage of physically active adults than England overall, and the least deprived deciles had a significantly higher percentage of physically active adults.



- In 2019/20, Warrington had a higher hospital admission rate directly attributable to obesity (25 per 100,000 population) compared to England (20 per 100,000 population) and the North West (15 per 100,000 population).
- Females have a higher hospital admission rate for both admissions directly attributable to obesity and admissions where obesity was a factor compared to males. This was seen in Warrington, the North West and England.
- Warrington has a significantly higher proportion of adults reporting a long-term Musculoskeletal condition (19.5%) compared to England (17.6%).

Healthy weight as a public health issue

Unhealthy weight and obesity are a complex public health concern and a life-course issue, often starting in childhood¹. It is a risk factor that is associated with a range of chronic diseases such as cardiovascular disease, type 2 diabetes, cancer, liver and respiratory diseases. It is also associated with a reduction in life expectancy and a negative impact on an individuals' mental health².

In recent decades there has been a substantial increase in the proportion of children and adults in England living with obesity. In the 2021/22 National Child Measurement Programme (NCMP) collection year, 10.1% of Reception children and 23.4% of Year 6 children measured in England were living with obesity³. In the most recent Active Lives Adult Survey (2021/22) it was reported that 25.9% of adults aged 18+ in England were classified as obese.

Preventing obesity and implementing support for people who are overweight or living with obesity is a priority for the Government. In 2020, the Department for Health and Social Care published a strategy outlining actions the government will take to tackle the causes of obesity and to help children and adults to live healthier lives⁴.

Analysis

At the time of writing this report, with the exception of the National Child Measurement Programme (NCMP) and QOF data on obesity prevalence, there is limited data available at a sub-Warrington level for indicators relating to healthy weight in Warrington. Currently a Health and Wellbeing Survey is being conducted with adults aged 18 years and over. Within this survey there are questions related to healthy weight and lifestyle factors that may impact weight. The findings of this survey are expected to be released in September 2023.

¹ Herman K, Craig C, Gauvin L, Katzmarzyk P. Tracking obesity and physical activity from childhood to adulthood: The Physical Activity Longitudinal Study. *Int J Pediatr Obes* 2009;4:281-288.

² [Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/obesity-profile-data)

³ [Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/obesity-profile-data)

⁴ [Tackling obesity: government strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/strategies/tackling-obesity)



National child measurement programme (NCMP)

The NCMP is an annual programme that measures the height and weight of all Reception (age 4-5 years) and Year 6 children (aged 10-11 years) that attend a state primary school. It is a statutory requirement of the local authority to carry out the NCMP each academic year. It provides robust statistics on levels of overweight and obesity in Reception and Year 6 children.

The NCMP was impacted significantly by the Covid-19 pandemic through containment measures including lockdowns and school closures. The collection year 2019/20 was cut short due to the implementation of containment measures and consequently only partial measurements were collected. In 2020/21, local authorities were asked to measure a sample of 10% of schools in their area. This data was collated at national and regional levels to provide estimates of prevalence for the year. In response, data for Warrington for the 2020/21 academic year has been excluded from analysis due to the small number of pupils measured, and data for the 2019/20 year should be interpreted with caution. Data for the North West and England is available for all years.

Data from the NCMP programme has been sourced from the Fingertips Obesity Profile. For a more in-depth report on the findings of the 2021/22 programme in Warrington, including analysis broken down by gender, deprivation and ward, please see the 'Warrington NCMP Report Academic Year 2021/22'.

Prevalence of underweight

Prevalence of underweight children fluctuates considerably between the years for England, the North West and Warrington. In particular, prevalence fluctuates greatly in Warrington, in part due to the small number of underweight children measured each year.

In Reception in 2021/22, Warrington (0.5%) had a significantly lower prevalence of underweight children than both England (1.2%) and the North West (1.1%). Year 6 prevalence of underweight children in Warrington (1.3%) was similar to the North West (1.3%) and England (1.5%). Prevalence of underweight children in Warrington Year 6 children (1.3%) was significantly higher than in Reception (0.5%).

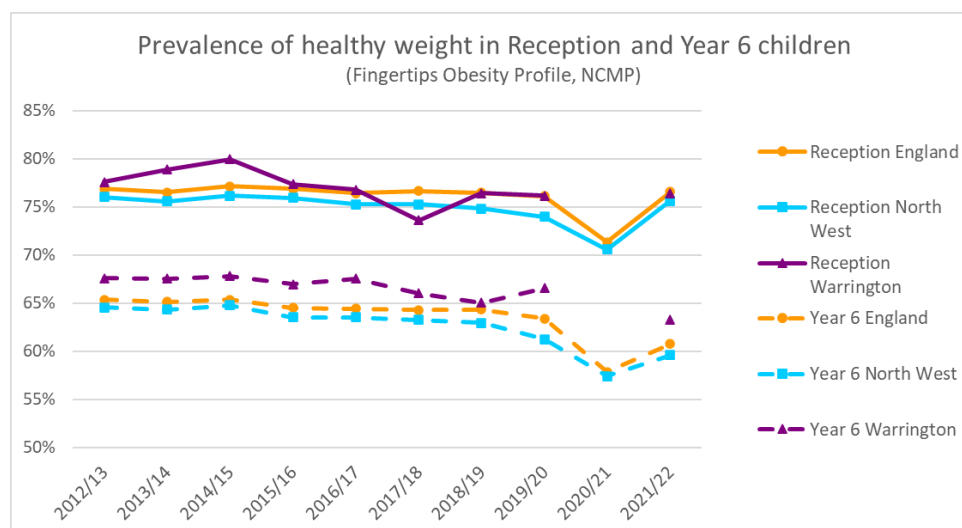
Prevalence of Healthy Weight

In Reception, Warrington's prevalence of children of a healthy weight is typically similar to prevalence in the North West and England. In 2021/22, Warrington had a prevalence of 76.4%, similar to the North West (75.6%) and England (76.5%). In Warrington, the prevalence of healthy weight children increased slightly from 76.1% in 2019/20 to 76.4% in 2021/22. In the North West and England, prevalence of healthy weight decreased between 2019/20 and 2020/21, the main years impacted by the pandemic, before increasing again in 2021/22 to levels slightly higher than pre-pandemic.



In Year 6, Warrington tends to have a significantly higher prevalence of healthy weight children compared to England and the North West. In 2021/22, the prevalence in Warrington was 63.3%, significantly higher than in the North West (59.6%) and England (60.8%). Prevalence reduced in Warrington from 66.6% in 2019/20 to 63.3% in 2021/22, although this difference was not significant. Similarly, to Reception pupils, prevalence of healthy weight children reduced in the North West and England between 2019/20 and 2020/21, before increasing again in 2021/22, although remaining lower than pre-pandemic levels.

Figure 1. Prevalence of healthy weight Reception and Year 6 children



Prevalence of overweight (including obesity)

The prevalence of being overweight (including obesity) in Warrington Reception children fluctuates from year to year but is typically similar to, or lower than, prevalence in the North West and England⁵. In 2021/22, Warrington's prevalence of overweight (including obesity) was 23.1%, similar to prevalence in the North West (23.3%) and England (22.3%).

During the Covid-19 pandemic, prevalence of overweight (including obesity) increased significantly in the North West and England between 2019/20 and 2020/21, before returning to more typical levels in 2021/22. Prevalence in Warrington remained similar between 2019/20 (22.9%) and 2021/22 (23.1%).

The prevalence of being overweight (including obesity) in Warrington Year 6 pupils is significantly higher than prevalence in Warrington Reception children, a pattern also seen regionally and nationally. Warrington's Year 6 prevalence of being overweight (including obesity) (35.2% in 2021/22) also tends to be significantly lower than the prevalence in the North West (39.1%) and England (37.7%).

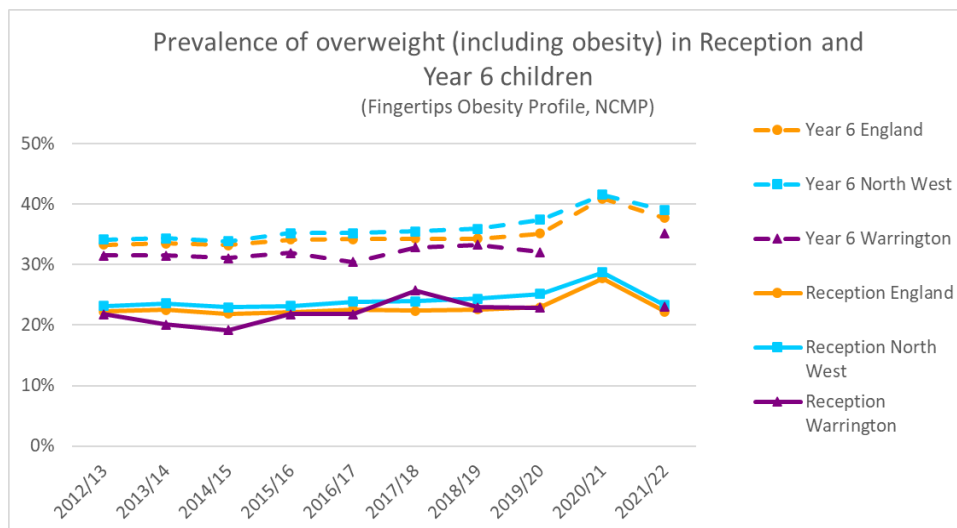
⁵ An exception is the collection year 2017/18 where prevalence in Warrington significantly increased and was significantly higher than prevalence in the North West and England.

Warrington's prevalence returned to more typical levels in the following collection year 2018/19.



In the North West and England there was a significant increase in the prevalence of being overweight (including obesity) in Year 6 children between 2019/20 and 2020/21. Although prevalence decreased to 2021/22, it remained higher than pre-pandemic levels. Warrington’s prevalence of being overweight (including obesity) in 2021/22 was also higher than pre-pandemic levels (32.1% in 2019/20 compared to 35.2% in 2021/22).

Figure 2. Prevalence of overweight (including obesity) in Reception and Year 6 children



Prevalence of obesity (including severe obesity)

The prevalence of obesity (including severe obesity) in Reception children had been increasing in Warrington between 2012/13 to 2017/18, when there was a sharp increase in prevalence to 11.5%. Following this increase, prevalence decreased each year to 8.5% in 2019/20. In 2021/22, the first full collection year since the start of the Covid-19 pandemic, prevalence had increased to 9.6%, higher but not significantly so than the 8.5% in 2019/20.

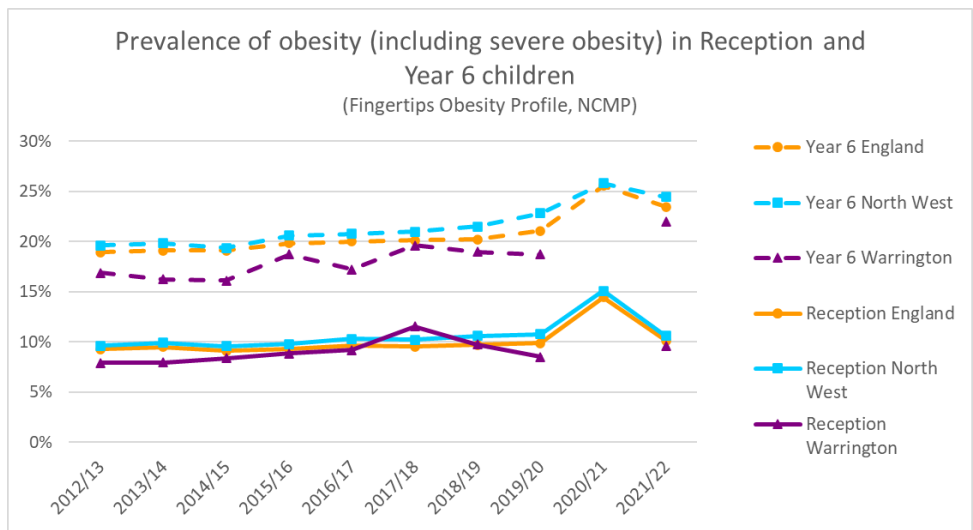
The North West and England saw significant increases in the prevalence of obesity (including severe obesity) in Reception children in 2020/21, before decreasing to 2021/22. Prevalence in 2021/22 remained higher than pre-pandemic levels in England, however it reduced to slightly lower than the 2019/20 levels in the North West.

Prevalence of obesity (including severe obesity) in Year 6 children is twice as high as the prevalence in Reception children. Warrington’s prevalence of obesity (including severe obesity) fluctuates between the years, but on the whole is increasing. In 2021/22, obesity prevalence in Warrington was 22.0%, similar to England (23.5%) and significantly lower than the North West (24.4%).

Over the course of the Covid-19 pandemic, prevalence of obesity (including severe obesity) increased significantly in the North West and England in 2020/21, before reducing in 2021/22, although remaining significantly higher than pre-pandemic levels. Warrington’s prevalence in 2021/22 was 22.0%, compared to 18.7% in 2019/20.



Figure 3. Prevalence of obesity (including severe obesity) in Reception and Year 6 children



Prevalence of severe obesity

The prevalence of severe obesity in Reception children fluctuates between the years in Warrington, in part due to the small numbers. Regionally and nationally prevalence is increasing over time. In 2021/22 the prevalence of severe obesity in Warrington Reception children was 2.9%, similar to prevalence in the North West (3.0%) and England (2.9%).

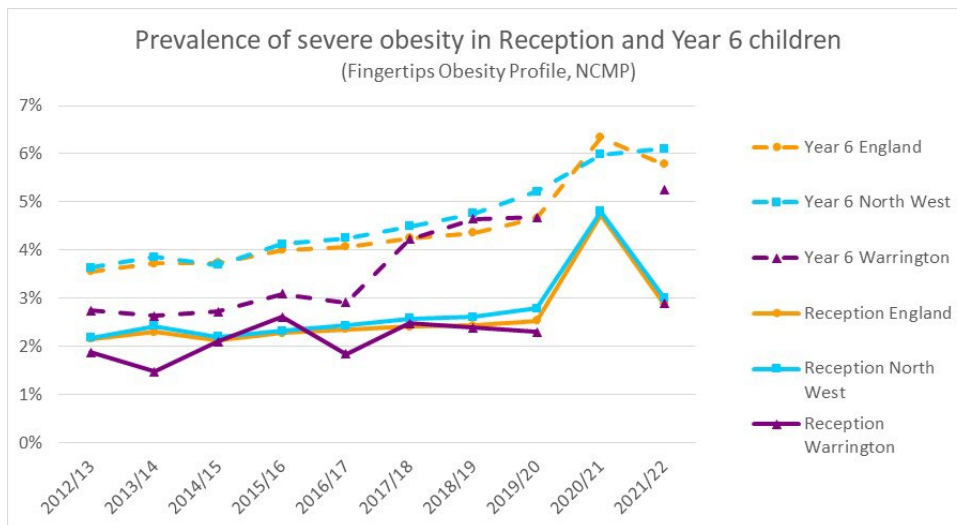
Between 2019/20 and 2020/21, the prevalence of severe obesity in the North West and England increased significantly, before reducing again in 2021/22. Prevalence in England in 2021/22 remained significantly higher than pre-pandemic levels, whilst prevalence in the North West and Warrington although higher than pre-pandemic levels was not significantly different.

Prevalence of severe obesity in Year 6 children also fluctuates between the years, although it is clear that prevalence is increasing. Prevalence of severe obesity in Warrington was 5.2% in 2021/22, similar to prevalence in the North West (6.1%) and England (5.8%).

Between 2019/20 and 2020/21, prevalence of severe obesity increased significantly in the North West and England, before reducing to 2021/22, although remaining significantly higher than pre-pandemic levels. In Warrington, prevalence in 2021/22 (5.2%) was higher, but not significantly different to prevalence in 2019/20 (4.7%).



Figure 4. Prevalence of severe obesity in Reception and Year 6 children



For more detailed analysis of the 2021/22 NCMP programme in Warrington, please see the Warrington 2021/22 NCMP report.

Overweight and obesity prevalence in adults

QOF prevalence of obesity

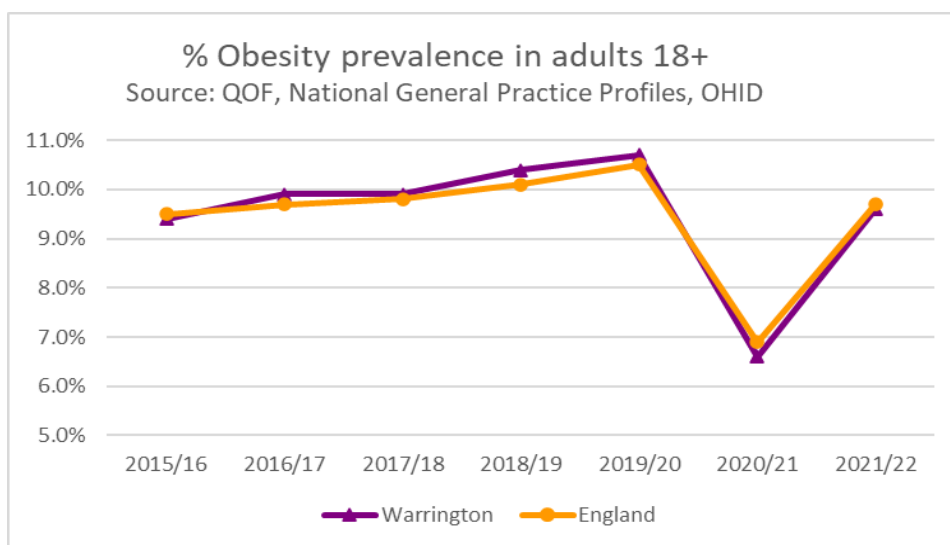
Obesity indicators obtained from the Quality and Outcomes Frameworks (QOF) show the percentage of patients aged 18 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers. The data is provided by GP practices and data for Warrington Integrated Care Service (ICB) has been calculated from the sum of the data from each GP practice within Warrington. The data shows the prevalence of obesity for patients registered at a Warrington GP, rather than those who live in Warrington⁶.

QOF obesity prevalence in Warrington ICS in 2021/22 was 9.6%, similar to prevalence in England (9.7%). Between 2015/16 and 2019/20 QOF obesity prevalence increased year on year in Warrington from 9.4% in 2015/16 to 10.7% in 2019/20. Over the same time period prevalence in England also increased. Prevalence of obesity in Warrington ICS in 2021/22 (9.6%) was significantly lower than the pre-pandemic level of 10.7%⁷.

⁶ NB. Very few residents of Burtonwood are registered with a Warrington GP practice; the two practices located in the village are branch practices of two St Helens GP practices.

⁷ Changes were made to QOF during the Covid-19 pandemic, the data for the year 2020/21 may be inaccurate and misleading to compare to other years.

Figure 5. QOF obesity prevalence Warrington CCG and England

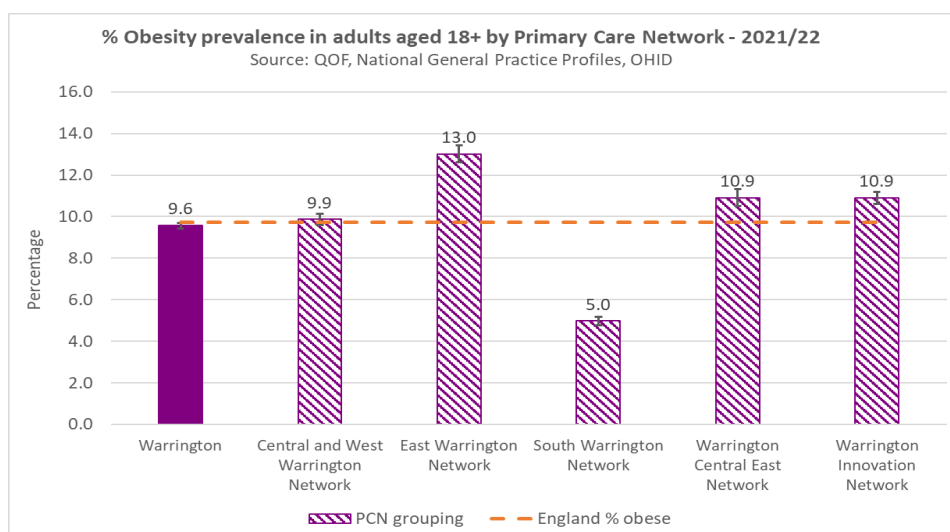


Obesity prevalence by PCN

For this analysis the 26 GP practices in Warrington have been grouped together by Primary Care Network (PCN). To calculate the obesity prevalence for PCN, the data from each GP practice within a PCN has been summed. See Appendix 1 for the list of GP practices by PCN.

The South Warrington Network has the lowest prevalence of obesity, 5.0%, which is significantly lower than prevalence in all other Networks and Warrington overall. Obesity prevalence was highest in the East Warrington Network, 13.0% and prevalence was significantly higher than prevalence in all other Networks and Warrington overall. Warrington Central East and Warrington Innovation Networks both had an obesity prevalence of 10.9%, significantly higher than prevalence in Warrington ICS (9.6%) and England (9.7%).

Figure 6. QOF obesity prevalence by Warrington PCN (2021/22)

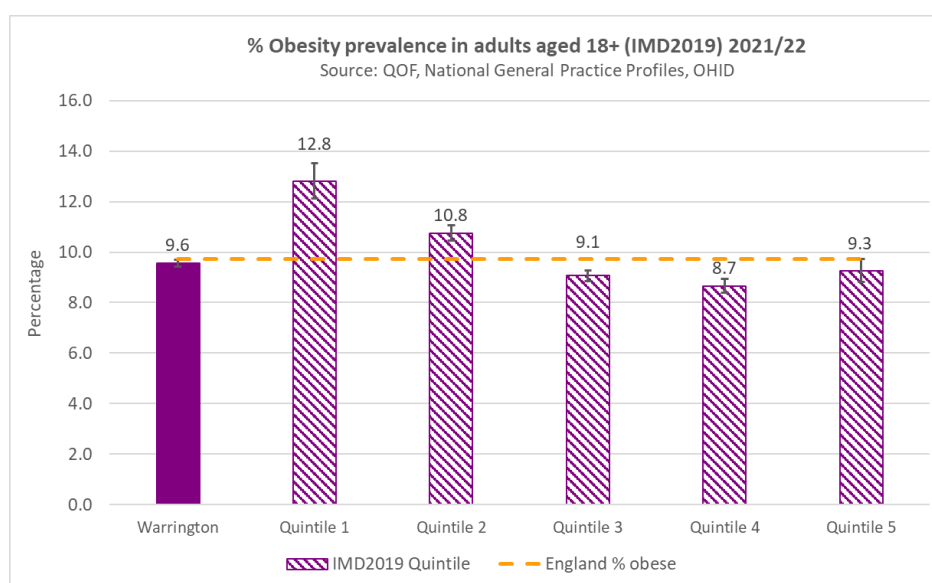


Obesity prevalence by IMD2019 quintile

To look at QOF obesity prevalence by deprivation, Warrington GP practices have been assigned deprivation scores and quintiles base on the Indices of Multiple Deprivation 2019⁸⁹. See Appendix 2 for the list of GP practices by deprivation.

Obesity prevalence is significantly higher in the two most deprived quintiles, Quintile 1¹⁰ (12.8%) and Quintile 2 (10.8%), compared to the overall prevalence of obesity in Warrington ICS (9.6%). Quintile 3 (9.1%) and Quintile 4 (8.7%) have significantly lower prevalence of obesity compared to Warrington ICS (9.6%). Prevalence in the least deprived quintile (Quintile 5, 9.3%) was lower than Warrington ICS average, but this difference was not significant.

Figure 7. QOF obesity prevalence in Warrington by IMD2019 (2021/22)



Active lives adult survey

The data presented below are indicator demonstrating local authority estimates from the Active Lives Adult Survey by Sport England, sourced from the Fingertips Obesity Profile. The data is intended to inform local action in preventing obesity and supporting those who are overweight or obese.

The survey is based on self-reported height and weight. As people tend to overestimate their height and underestimate their weight, adjustments were made by OHID to account for this.

Data is only available for Warrington as a whole, but where data is available for England by sex and deprivation this has also been analysed.

⁸ GP practices were assigned deprivation scores and quintiles based on IMD2019, weighted by practice populations from NHS Digital as at July 2019. Average deprivation score was based only on LSOAs that lie in Warrington Borough and excludes non-Warrington LSOAs.

⁹ NB. Stretton has 24% of patients living outside of Warrington and very few residents of Birchwood are registered with a Warrington GP practice; the two practices located in the village are branch practices of two St Helens GP practices.

¹⁰ Quintile 1 is comprised of only one GP practice, 4 Seasons Medical Centre

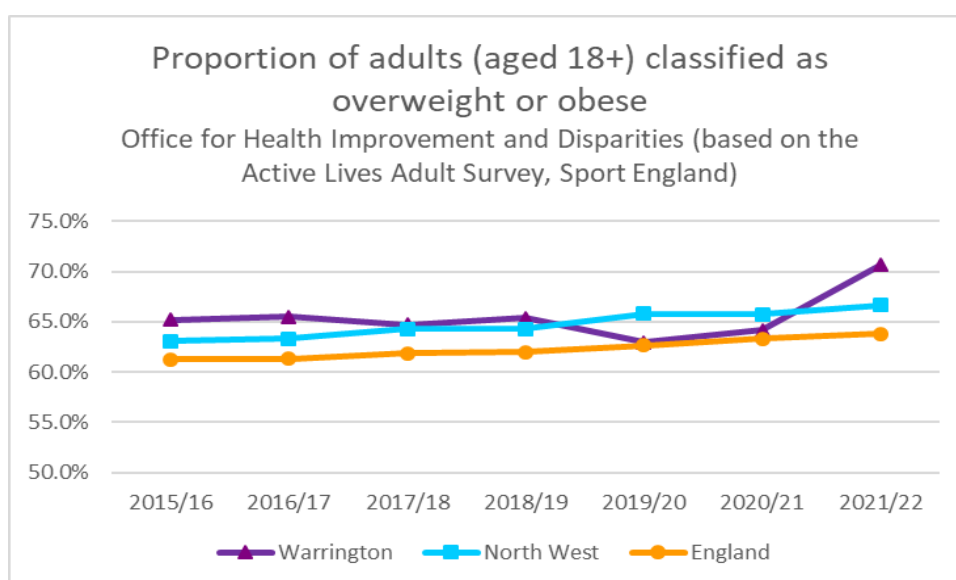
Prevalence of overweight and obesity

This indicator shows the percentage of adults aged 18 and over who have a BMI greater than or equal to 25kg/m², that are classified as overweight (BMI 25-29.9kg/m²) or obese (BMI of 30kg/m² or over).

Seven out of ten (70.6%) Warrington adults were classified as overweight or obese in 2021/22, similar to the North West (66.7%) and significantly higher than England (63.8%). Warrington typically has a higher proportion of overweight/obese adults than England, but this difference is not always significant.

The prevalence of overweight/obesity in Warrington adults fluctuates from year to year, however, there have been increases in the most recent two time periods, from 63.0% in 2019/20 to 70.6% in 2021/22. The prevalence of overweight/obesity in the North West and England has increased since 2015/16.

Figure 8. Proportion of adults classified as overweight or obese

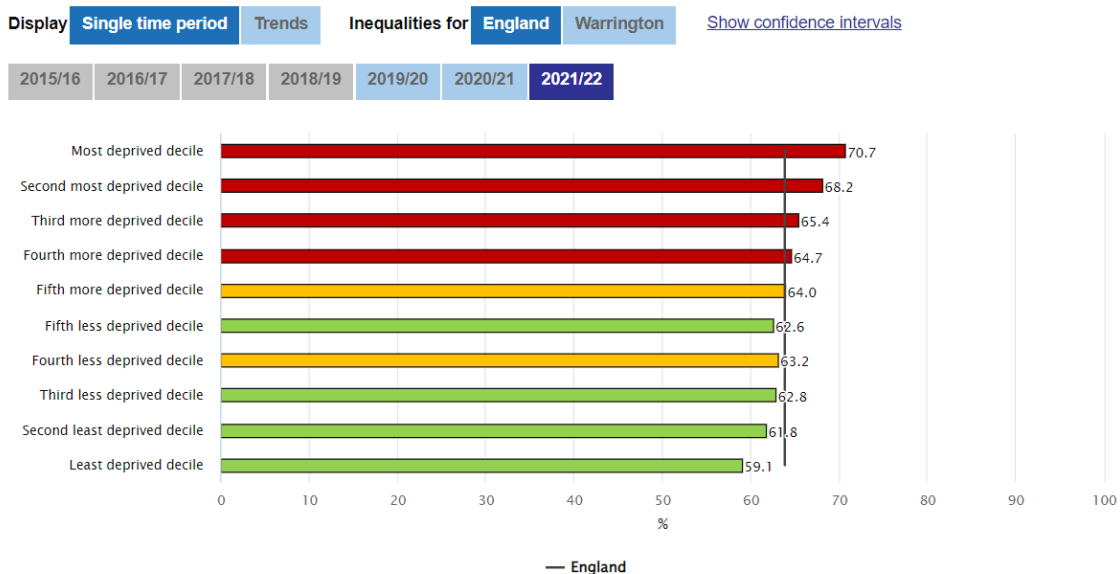


National data by gender and deprivation

Nationally, a significantly higher proportion of adult males are classified as overweight or obese compared to females. In 2021/22, 69.1% of males were classified as overweight/obese compared to 58.4% of females.

Those living in the four most deprived deciles have a significantly higher proportion of adults classified as overweight or obese compared to England overall (63.8%), ranging from 64.7% in the fourth most deprived decile to 70.7% in the most deprived decile. Whilst those living in the three least deprived deciles and the fifth less deprived decile have a significantly lower proportion of adults classified as overweight or obese; ranging from 59.1% in the least deprived decile to 62.6% in the fifth less deprived decile.

Figure 9. National proportion of overweight/obese adults by IMD2019 decile (2021/22)



Prevalence of obesity

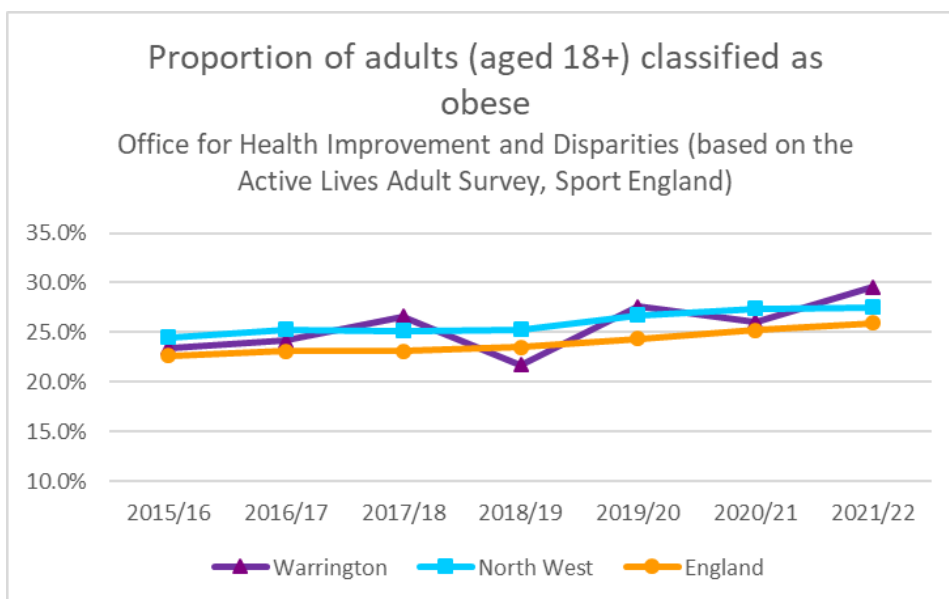
This indicator shows the percentage of adults aged 18 and over who have a BMI greater than or equal to 30kg/m², classified as obese.

In 2021/22, 29.5% of Warrington adults had a BMI classified as obese, an increase since the previous year (26.1% in 2020/21). The proportion of adults living with obesity in Warrington is similar to that of the North West (27.5%) and England (25.9%).

The proportion of adults classified as obese has increased over time in England and the North West. Warrington’s prevalence fluctuates more from year to year; however, the trend does appear to be increasing.



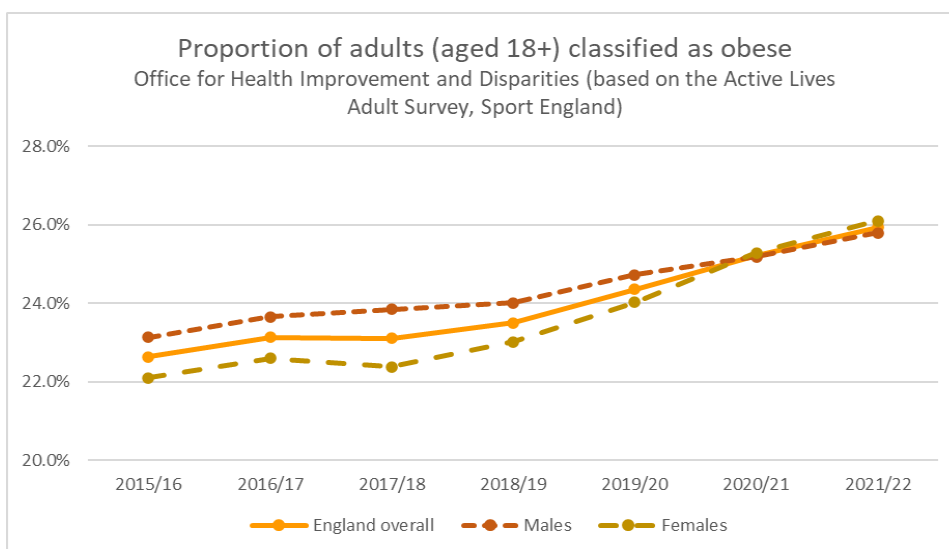
Figure 10. Proportion of adults classified as obese



National data by gender and deprivation

Nationally, males and females have a very similar proportion of adults classified as obese; 25.8% and 26.1% respectively. Over the most recent two time periods, females have had a slightly higher proportion of adults classified as obese compared to males. However, between 2015/16 and 2019/20 males had a significantly higher proportion of obese adults than females.

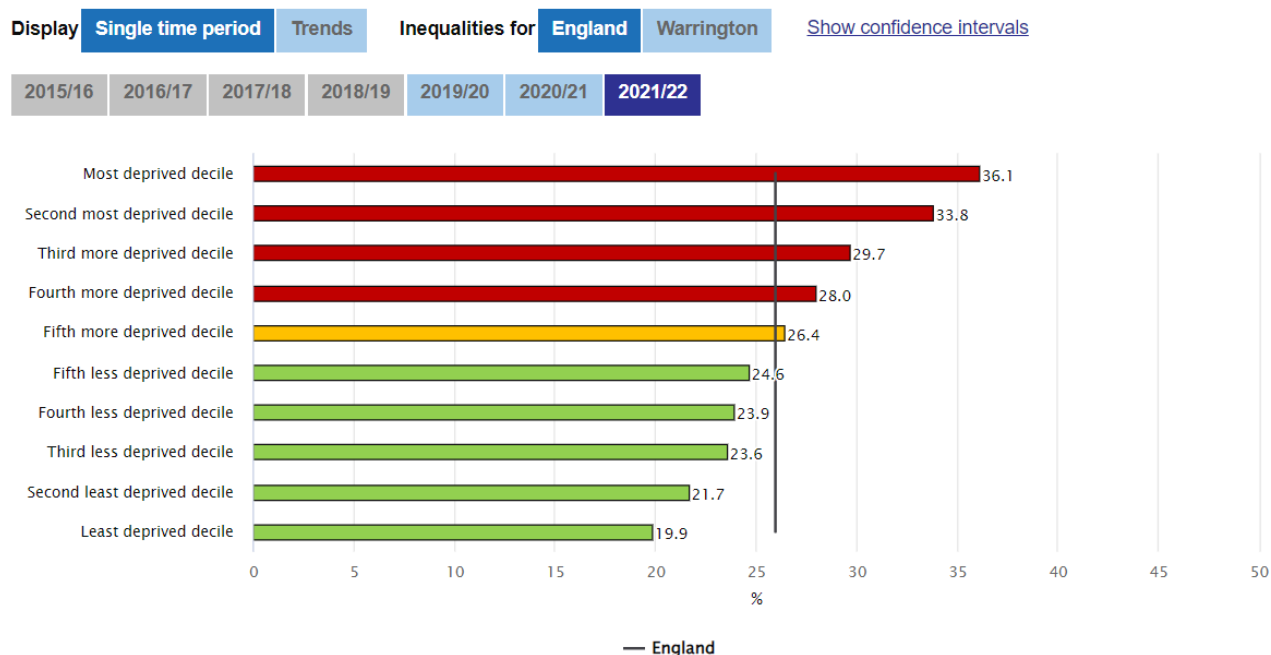
Figure 11. National proportion of adults classified as obese by sex



In 2021/22, those living in the four most deprived deciles had a significantly higher proportion of obese adults compared to England overall. Ranging from 28.0% in the fourth more deprived decile to 36.1% in the most deprived decile. Those living in the five least deprived deciles had a significantly lower proportion of obese adults compared to England overall. Ranging from 24.6% in the fifth less deprived decile to 19.9% in the least deprived decile.



Figure 12. National proportion of adults classified as obese by IMD2019 (2021/22)



Fruit and vegetable consumption

Eating fruit and vegetables are a key part of having a balanced and healthy diet. Research has shown that there are significant health benefits to eating at least 5 portions of fruit and vegetables every day. It reduces the risk of developing bowel and other cancers and can help the public stay healthy¹¹. Understanding the fruit and vegetable consumption of the public can help to inform policy and promote making healthier food choices¹².

This indicator replaces one previously reported due to a change in the question the data is based on in the Active Lives Adult Survey. It provides an estimate on the consumption of fruits and vegetables by aggregating two questions: ‘How many portions of fruit did you eat yesterday’ and ‘How many portions of vegetables did you eat yesterday’.

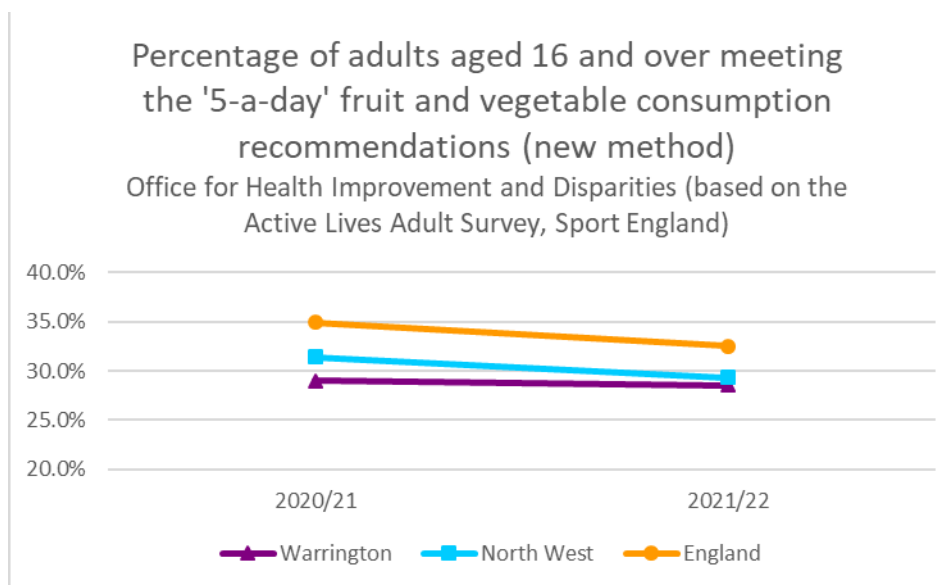
¹¹ *Macmillan Cancer Support. Age, lifestyle, diet and reducing your risk. Available at: <https://www.macmillan.org.uk/information-and-support/diagnosing/causes-and-risk-factors/potential-causes-of-cancer/age-lifestyle-diet-reducing-risk.html#2957> [Accessed 1 September 2023].*

¹² [Obesity Profile - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/data/obesity-profile)



In 2021/22, over one in four (28.5%) of Warrington adults aged 16 and over reported they had eaten 5 or more portions of fruit and vegetables in the previous day. Warrington had a similar proportion to the North West (29.3%) and England (32.5%). In all areas there had been a decrease since the previous year.

Figure 13. Percentage of adults eating recommended '5-a-day' fruit and vegetable consumption



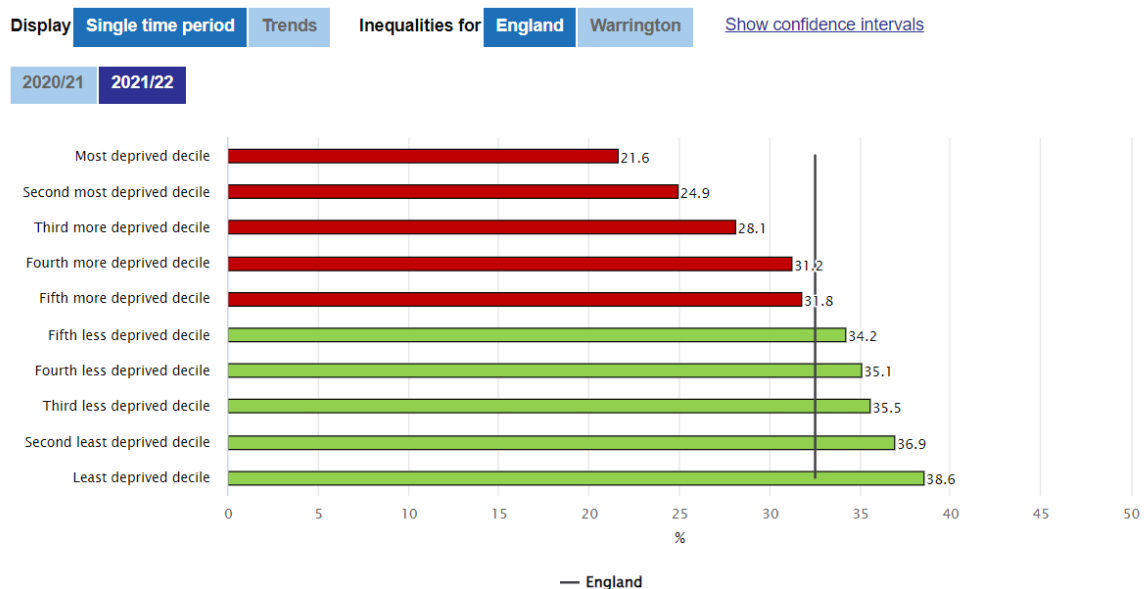
National Data by Gender and Deprivation

Nationally, significantly more females meet the recommended '5-a-day' fruit and vegetable consumption (35.7%) compared to males (29.2%). This was true for both 2020/21 and 2021/22 time periods.

Those living in the five more deprived deciles had significantly lower proportion of adults meeting the '5-a-day' fruit and vegetable recommendations compared to England overall (32.5%). They ranged from 31.8% in the fifth more deprived decile to 21.6% in the most deprived decile. Those living in the five less deprived deciles had significantly higher proportions achieving the recommendations compared to England overall. These ranged from 34.2% in the fifth less deprived decile to 38.6% in the least deprived decile.



Figure 14. National proportion of adults meeting '5-a-day' fruit and veg consumption by IMD2019 (2021/22)



Levels of physical activity and inactivity

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The UK Chief Medical Officer' (CMO) recommends that children and young people aged 5 to 18 years are physically active for an average of at least 60 minutes per day across the week. However, evidence shows that a significant proportion of the population does not meet this standard. Good physical activity habits that are established in childhood are more likely to be carried through into adulthood. If we can help children and young people to establish and maintain high volumes of physical activity into adulthood, we will reduce the risk of morbidity and mortality from chronic non communicable diseases later in life¹³.

The data presented below is from the Obesity Profile in Fingertips (OHID). Data for children and young people is sourced from the Active Lives Children and Young People Survey, and data for adults is based on the Active Lives Adult Survey, both conducted by Sport England.

Physical activity in children and young people

Physically active children and young people are defined as the percentage of children aged 5 to 16 that meet the UK CMOs' recommendations for physical activity (an average of at least 60 minutes of moderate to vigorous intensity activity per day across the week).

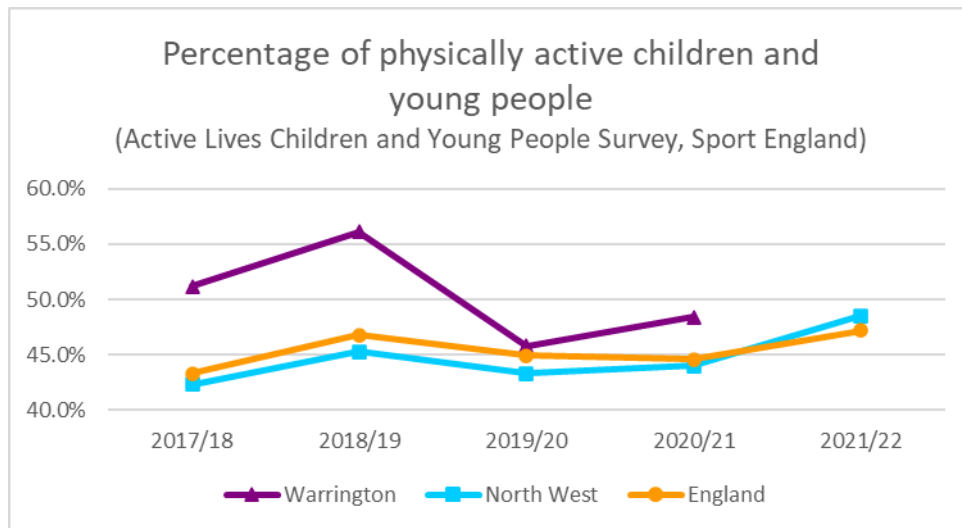
Warrington typically has a higher percentage of active children and young people compare to England and the North West, however this difference is not significant. For the most recent time period

¹³ [Physical Activity - Data - OHID \(phe.org.uk\)](https://phe.org.uk)



(2021/22) there is no recorded data for Warrington due to a small sample size. In 2020/21, Warrington’s percentage of physically active children and young people was 48.4% compared to 44.0% in the North West and 44.6% in England. Between 2020/21 and 2021/22 prevalence in the North West and England increased.

Figure 15. Percentage of physically active children and young people



National data by gender

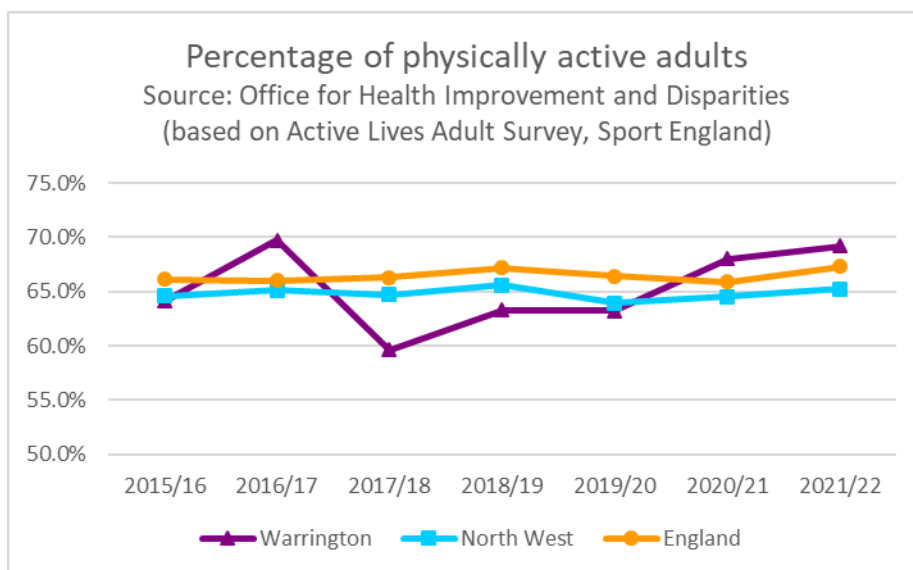
Nationally, a significantly higher proportion of boys are physically active (49.8%) compared to girls (44.9%). This is the case for all years, with the exception of 2020/21, a year significantly impacted by the Covid-19 pandemic, where a slightly higher proportion of girls (45.3%) were physically active than boys (44.7%), although this difference was not significant.

Physical activity in adults

Physical activity in adults is defined as the number of people aged 19 and over who reported doing at least 150 minutes of moderate intensity equivalent minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days.

In 2021/22, 69.2% of Warrington adults surveyed reported being physically active, slightly higher but not significantly different to the North West (65.2%) and England (67.3%). The percentage of physically active adults in Warrington fluctuates between the years, after a sharp drop of 10 percentage points between 2016/17 and 2017/18, there have been year on year increases in the percentage of physically active adults in Warrington.

Figure 16. Percentage of physically active adults

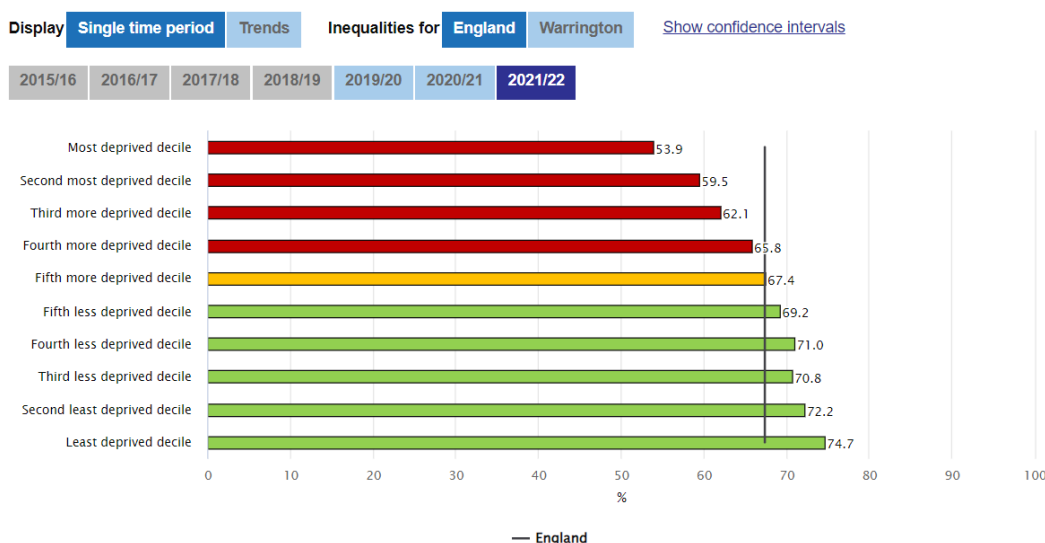


National data by gender and deprivation

Nationally, male adults are consistently more likely to be physically active compared to females. In 2021/22, 69.9% of males were physically active compared to 64.9% of females.

A significantly lower proportion of adults living in the four more deprived deciles are physically active compared to England overall (67.3%), ranging from 65.8% in the fourth more deprived decile to 53.9% in the most deprived decile. Whereas a significantly higher proportion of those living in the five least deprived deciles are physically active, ranging from 69.2% in the fifth less deprived decile to 74.7% in the least deprived decile.

Figure 17. National percentage of physically active adults by IMD2019 (2021/22)

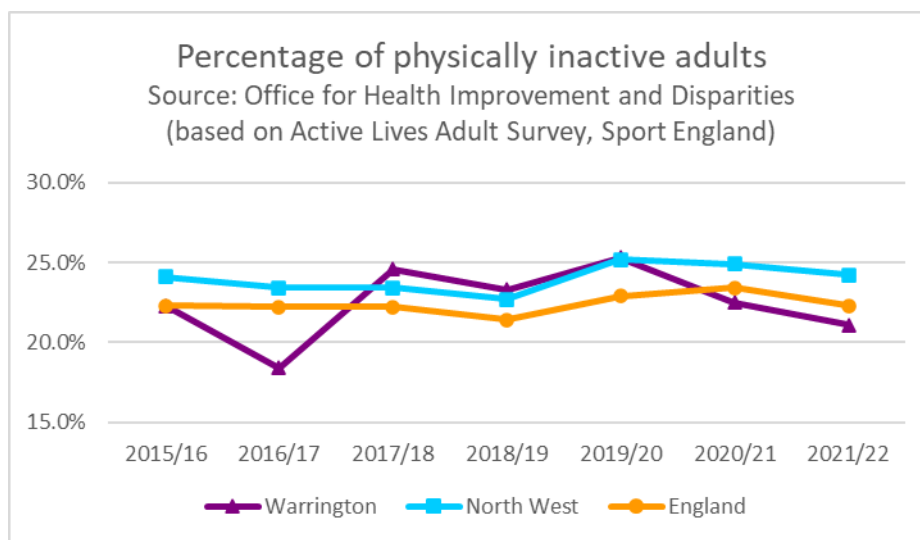


Physical inactivity in adults

Physical inactivity is defined as doing less than 30 moderate intensity minutes of physical activity per week in bouts of 10 minutes or more in the previous 28 days.

The percentage of physically inactive adults in Warrington (21.1%) was lower than in the North West (24.2%) and England (22.3%), but this difference was not significant. The percentage of physically inactive adults has decreased in Warrington over the most recent time periods, from 25.3% in 2019/20 to 21.1% in 2021/22. Over the same time period, prevalence of physical inactivity has also reduced in the North West and England.

Figure 18. Percentage of physically inactive adults



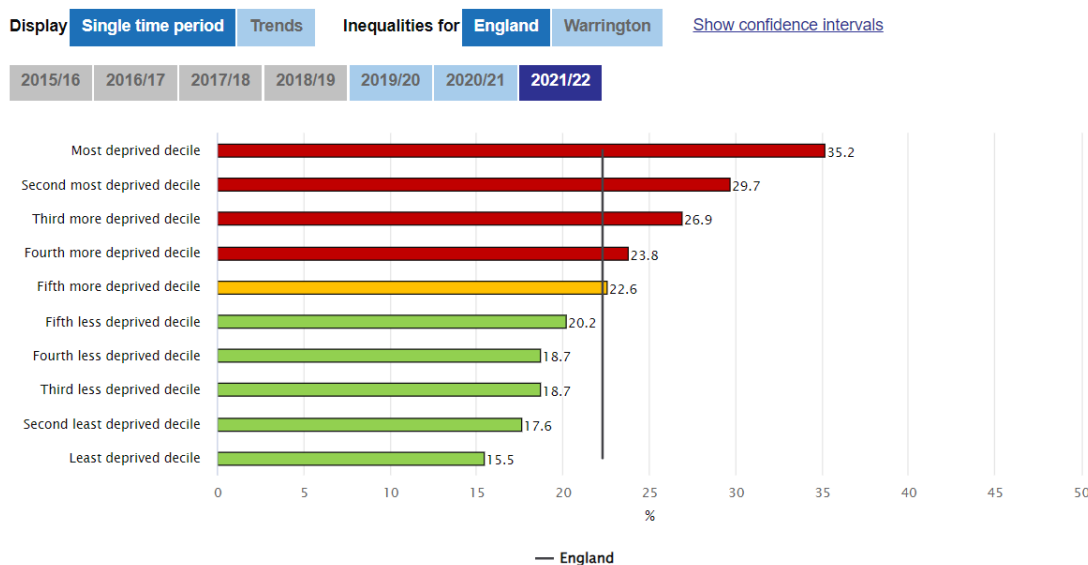
National data by gender and deprivation

Nationally, a significantly higher proportion of females are physically inactive adults than males. In 2021/22, 23.7% of females were physically inactive compared to 20.6% of males.

There is a significantly higher proportion of those living in the four more deprived deciles who are physically inactive adults compared to England overall (22.3%), ranging from 23.8% in the fourth more deprived decile to 35.2% in the most deprived decile. A lower proportion of adults living in the five less deprived deciles are physically inactive adults compared to England overall, ranging from 20.2% in the fifth less deprived decile to 15.5% in the least deprived decile.



Figure 19. National prevalence of physically inactive adults by IMD2019 (2021/22)



Obesity related hospital admissions

There is an association between obesity and an increased risk of developing serious diseases and mortality. The data here is sourced from the Statistics of Public Health publication by NHS Digital, now NHS England. Data is derived from the Hospital Episode Statistics (HES) database, which records details of all admissions at NHS hospitals in England. It focuses on inpatient hospital admissions only¹⁴.

Admissions directly attributable to obesity

This data relates to NHS hospital finished admission episodes (FAEs) with a primary diagnosis of obesity. A large proportion of these admissions will be for bariatric surgery and changes over time may in part reflect the availability and uptake of these procedures and not necessarily prevalence driven. Additionally, admissions do not represent the number of patients, as one patient may be admitted multiple times in a year.

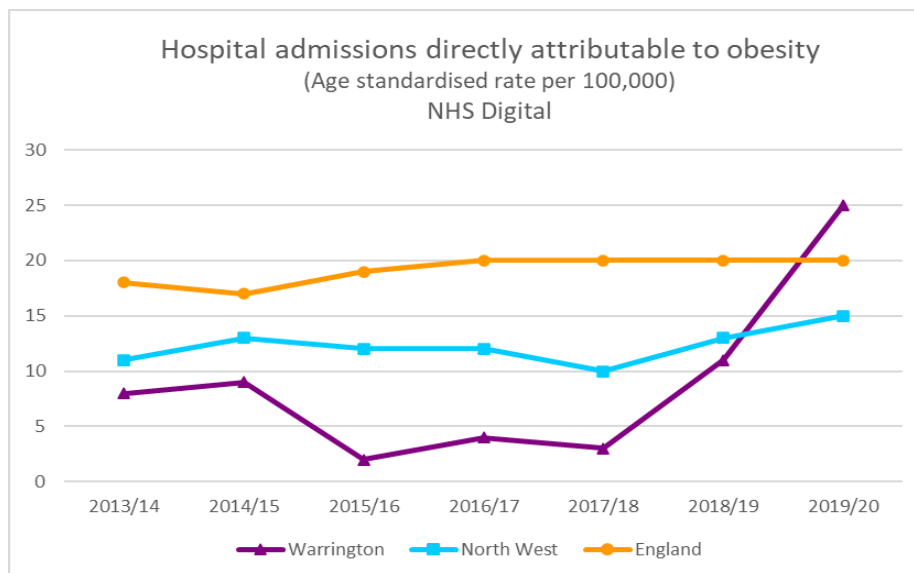
In 2019/20, Warrington recorded 50 hospital admissions directly attributable to obesity, equivalent to an overall rate of 25 per 100,000 population. Warrington's rate was higher than that of England (20 per 100,000 population) and the North West (15 per 100,000 population). Hospital admissions increased in Warrington from 11 per 100,000 population in 2018/19 to 25 per 100,000 population in 2019/20. Typically, Warrington has experienced a lower hospital admission rate directly attributable to obesity than England and the North West. However, rates rose sharply in Warrington in 2019/20, exceeding those for England and the North West.

¹⁴ [Part 1: Hospital admissions - NHS Digital](#)



Of the 50 recorded admissions, 10 were male and 40 were female, equivalent to a rate of 11 per 100,000 male population and 39 per 100,000 female population Regionally and nationally, females have a higher number and rate of admissions compared to males.

Figure 20. Hospital admissions directly attributable to obesity



At local authority level, admissions have not been broken down by age or deprivation level. Nationally for admissions directly attributable to obesity, the number of admissions increases in middle age (45 to 54 years) and then decreases in the older age groups. Nearly seven out of ten admissions (69%) relate to patients aged 35 and 64 years, and this trend this remains similar over time. Admissions directly attributable to obesity were also over three times as likely to occur in those living in the most deprived areas (31 per 100,000 population) compared to those living in the least deprived areas (9 per 100,000 population)¹⁵.

Admissions where obesity is a factor

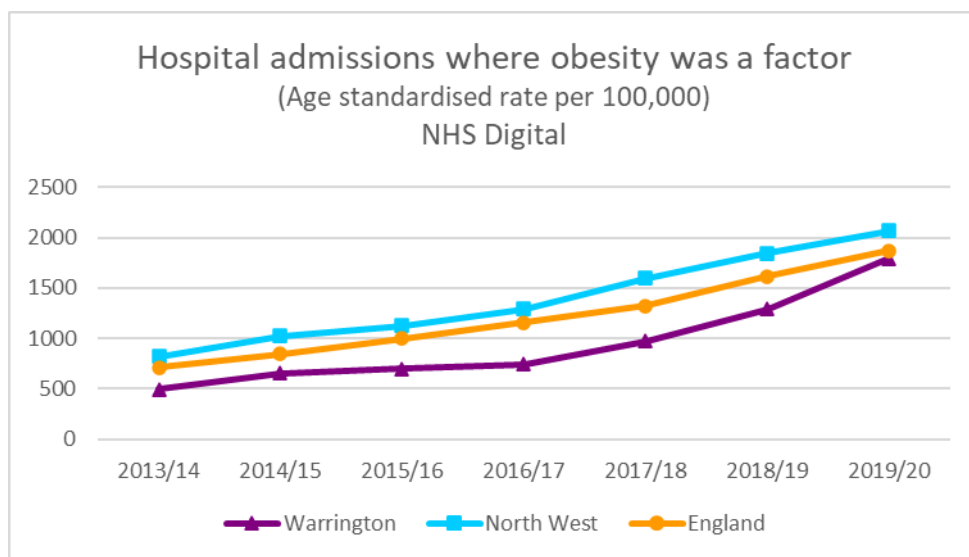
These relate to NHS hospital finished admission episodes with a primary or secondary diagnosis of obesity and are referred to as hospital admissions where obesity is a factor. This is where obesity may not be a contributing factor to the hospital admission but where it is a factor relevant to the patient’s episode of care.

In Warrington in 2019/20 there were 3,730 admissions where obesity was a factor, equivalent to a rate of 1,796 per 100,000 population. The rate in Warrington was lower than that of England (1,869 per 100,000 population) and the North West (2,065 per 100,000 population). Warrington females had a higher number and rate of hospital admissions where obesity is a factor (2,134 per 100,000 population), compared with males (1,469 per 100,000 population). This gender difference is also seen nationally and regionally.

¹⁵ [Part 1: Hospital admissions - NHS Digital](#)



Figure 21. Hospital admissions where obesity was a factor



Nationally, for admissions where obesity was a factor but not the main reason for admission, there were a large number of different conditions that were the primary reason for admission. The top ten primary diagnoses accounted for less than 20% of all the admissions, and the two most common primary reasons for admission were maternity issues and knee joint issues¹⁶. Admissions where obesity was a factor were over twice as likely among those living in the most deprived areas (2,778 per 100,000 population) compared to those living in the least deprived areas (1,139 per 100,000 population).

Obesity related bariatric surgery

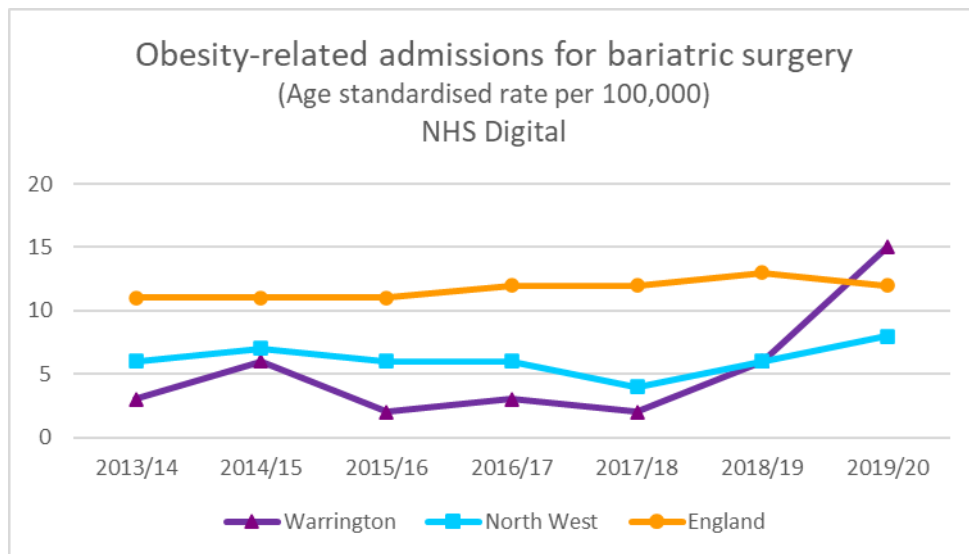
Obesity related bariatric surgery hospital admissions relate to those with a primary diagnosis of obesity and a primary or secondary procedure for bariatric surgery.

In Warrington in 2019/20 there were 30 hospital admissions with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery. This is equivalent to a rate of 15 per 100,000 population. Warrington’s admission rate was higher than that of England (12 per 100,000 population) and the North West (8 per 100,000 population). Of Warrington’s 30 hospital admissions, 25 (83.3%) related to female patients, which is in line with regional and national activity, whereby females have a higher number of obesity-related admissions for bariatric surgery than males. In 2019/20, Warrington’s rate of obesity-related hospital admissions for bariatric surgery was higher than England and the North West, in previous years Warrington’s admission rate was lower.

¹⁶ [Part 1: Hospital admissions - NHS Digital](#)



Figure 22. Obesity related admissions for bariatric surgery



Nationally in 2019/20 there were 6,740 hospital admissions (12 per 100,000 population) with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery, a slight decrease since the previous year. Of these, 33% related to patients aged between 45 and 54 years. Admissions for obesity-related bariatric surgery are also three times higher among those living in the most deprived areas (19 per 100,000) compared to those living in the least deprived areas (6 per 100,000 population).

Prescription items and cost for the treatment of obesity

The data presented below is sourced from the Prescription Analysis and Cost (PACT) dataset, by NHS Prescription Services. It is reported by financial year and shows the number of prescription drugs used to treat obesity and the Net Ingredient Cost (NIC) of the prescriptions. The data includes items prescribed in primary care and dispensed in the community and excludes items prescribed in hospitals and dispensed in the community, prescriptions dispensed in hospitals, dental and private prescribing.

In the UK, since 2010 Orlistat is the only drug available specifically for the management of obesity, through reducing the absorption of dietary fat.

In 2019/20, Warrington ICB prescribed 975 items of Orlistat, which is equivalent to a rate of 5 per 1,000 population. The local prescribing rate is lower than the overall rate for the North West (9 per 1,000 population) and England (6 per 1,000 population). Furthermore, Warrington ICB had the lowest prescribing rate amongst all Cheshire and Merseyside areas, alongside West Cheshire (5 per 1,000 population) and Eastern Cheshire (5 per 1,000 population).

Prevalence of musculoskeletal conditions

Musculoskeletal (MSK) conditions are conditions that affect the bones, joints, muscles, and spine and are a common cause of long-term pain and disability¹⁷. One of the risk factors associated with an increased risk of MSK conditions is being overweight or obese. Seven in ten people who report living with a long-term MSK condition are classified as overweight or obese¹⁸. Being of a healthy weight, active, and having a healthy and balanced diet are important for good bone health and reduce the likelihood of developing some MSK conditions¹⁹.

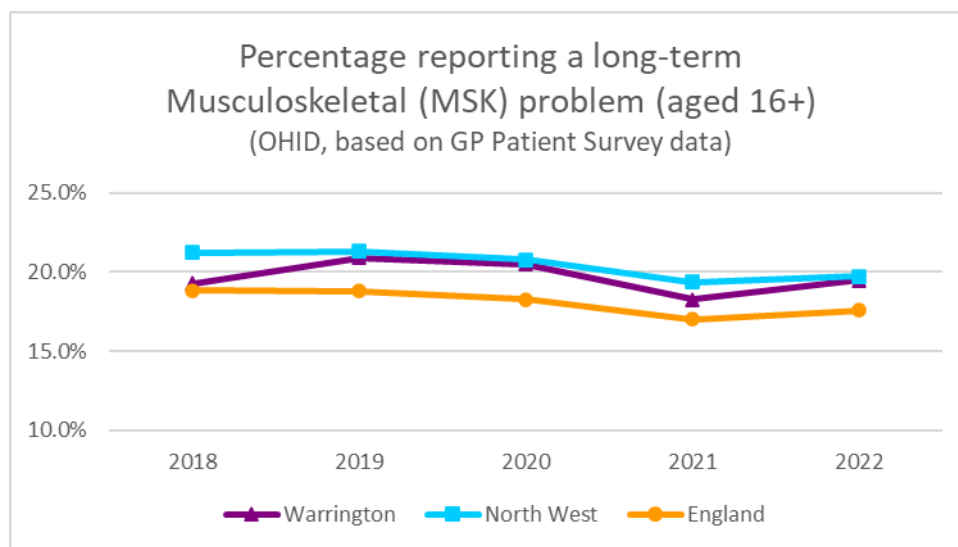
The data presented below has been sourced from the OHID Obesity Profile, based on the GP Patient Survey²⁰.

Percentage reporting a long-term MSK problem

In 2022, the proportion of Warrington people (aged 16+ years) reporting a long term MSK problem was 19.5%. Warrington's prevalence is significantly higher than England (17.6%), and slightly lower than the North West (19.7%).

The percentage of people reporting a long-term MSK problem in Warrington decreased between 2019 (20.9%) and 2021 (18.3%) but increased in the most recent year to 19.5% in 2022.

Figure 23. Percentage of adults reporting a long-term MSK condition



¹⁷ [Musculoskeletal health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/musculoskeletal-health-applying-all-our-health)

¹⁸ [Musculoskeletal health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/musculoskeletal-health-applying-all-our-health)

¹⁹ [Musculoskeletal health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/musculoskeletal-health-applying-all-our-health)

²⁰ [Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/obesity-profile-data)

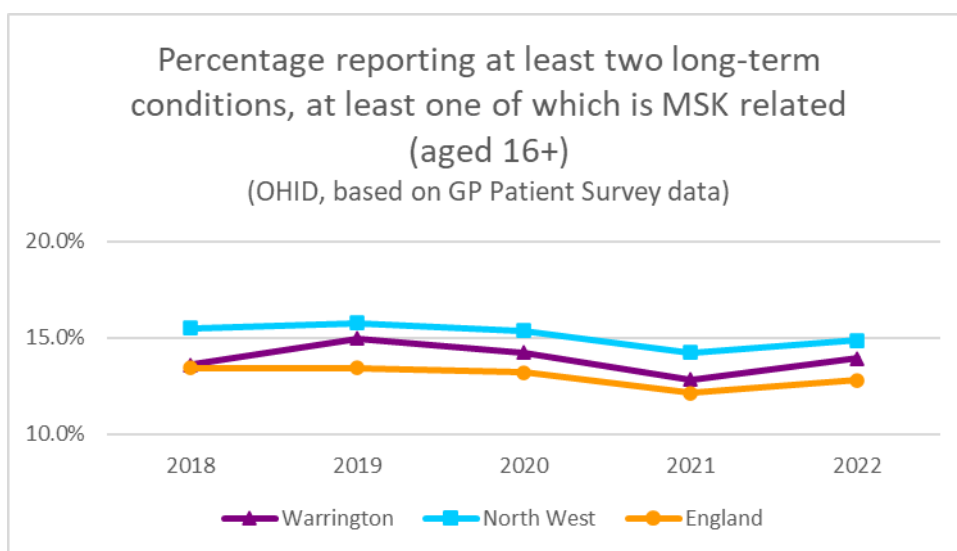


Percentage reporting at least two long-term conditions, at least one of which is MSK related

People with MSK conditions are also more likely to have another long-term condition, because MSK conditions share common risk factors with other conditions such as obesity and also increase with age.

In 2022, Warrington's proportion of people reporting at least two long-term conditions, at least one of which is MSK related was 13.9%, which is similar to the North West (14.9%) and England (12.8%). The proportion decreased in Warrington between 2019 and 2021, from 15.0% to 12.8%, before increasing to the most recent time period (13.9% in 2022). A similar trend was seen in the North West and England.

Figure 24. Percentage of adults reporting at least two LTC, at least one of which is MSK related



Findings

Warrington's prevalence of overweight and obesity in Reception and Year 6 children is currently similar to or better than the prevalence in England overall. However, within Warrington there are large inequalities in prevalence - for more detailed analysis regarding this please refer to the 2021/22 NCMP report. Since the Covid-19 pandemic there have been increases, although not significant, in the prevalence of being overweight (including obesity), obesity (including severe obesity) and severe obesity, particularly in Year 6 children. It is unsure whether these increases will be sustained in future years.

In 2021/22, Warrington's QOF prevalence of obesity was similar to that of England, However, within Warrington prevalence of obesity varied significantly between PCN groupings and also deprivation levels. Although there are some limitations associated with using QOF data, it is hoped that the 2023 Warrington Health and Wellbeing Survey will provide robust data to analyse obesity prevalence in residents at different demographic levels.

Warrington saw a sharp increase in prevalence of adults classified as overweight or obese as reported in the Active Lives Adult Survey by Sport England; from 64.2% in 2020/21 to 70.6% in 2021/22. Warrington data from this survey is not analysed by demographic variables, however national data is analysed by deprivation decile and sex. This shows that a significantly higher proportion of male adults are classified as overweight and obese compared to females. There is also a strong correlation with deprivation, with a significantly higher proportion of adults living in the more deprived areas being classified as overweight/obese compared to those living in the less deprived areas.

National data from the Active Lives Adult Survey shows that over time the prevalence of obesity in females has been increasing. Between 2015/16 and 2018/19, a significantly higher proportion of male adults were obese compared to females. However, in the most recent two time periods (2020/21 and 2021/22), females have had a slightly higher prevalence than males.

Fruit and vegetable consumption decreased between 2020/21 and 2021/22 in Warrington, the North West and England. Warrington's percentage of adults meeting the recommended '5-a-day' consumption is similar to the North West and England. Aside from this indicator there are limited data sources about healthy eating, Analysis from the 2023 Warrington Health and Wellbeing Survey will provide data analysis on local food choices.

Warrington tends to have a slightly higher proportion of physically active children and young people, compared to the North West and England, although this difference is not significant. Whilst the proportion of physically active adults fluctuates over the years, for the most recent two time periods Warrington's proportion has been slightly higher than the North West and England. National data shows that males tend to be significantly more active compared to females, and that those living in the more deprived areas tend to be significantly less active compared to those living in the less deprived areas.



Warrington's most recent rate (2019/20) of hospital admissions directly attributable to obesity was higher than in the North West and England. Warrington's rate of hospital admissions where obesity was a factor was lower than in the North West and England. For obesity related bariatric surgery, Warrington's hospital admission rate was higher than England and the North West. For all obesity-related hospital admissions, females had a higher number and rate of admissions than males, in Warrington, regionally and nationally. National data shows that hospital admissions are also higher in the more deprived areas.

Being overweight or obese is a risk factor for developing musculoskeletal conditions. Warrington's proportion of people reporting a long-term MSK condition is significantly higher than in England, and slightly lower than in the North West. Prevalence of MSK conditions in Warrington decreased slightly to 2021 before increasing again in 2022.

The 2023 Warrington Health and Wellbeing Survey will be an important source of information to further understand healthy weight locally across the borough. Data from the Health and Wellbeing Survey will provide more detailed sub-Warrington data on healthy weight and lifestyle factors associated with it.



Evidence of best practice and policy

The following section presents hyperlinks to the relevant National Institute for Health and Care Excellence (NICE) guidelines and national policy regarding obesity and healthy weight.

NICE Guidelines

Public Health Guidelines

[Overview](#) | [Obesity: working with local communities](#) | [Guidance](#) | [NICE](#)

[Overview](#) | [Weight management: lifestyle services for overweight or obese adults](#) | [Guidance](#) | [NICE](#)

[Overview](#) | [Weight management: lifestyle services for overweight or obese children and young people](#) | [Guidance](#) | [NICE](#)

Clinical Guidelines

[Overview](#) | [Obesity: identification, assessment and management](#) | [Guidance](#) | [NICE](#)

[Overview](#) | [Obesity prevention](#) | [Guidance](#) | [NICE](#)

NICE Guidelines

[Overview](#) | [Preventing excess weight gain](#) | [Guidance](#) | [NICE](#)

[Overview](#) | [Obesity prevention](#) | [Guidance](#) | [NICE](#)

HM Government

[The Eatwell Guide - GOV.UK \(www.gov.uk\)](#)

[Tackling obesity: government strategy - GOV.UK \(www.gov.uk\)](#)

[Childhood obesity: a plan for action - GOV.UK \(www.gov.uk\)](#)

[Childhood obesity: a plan for action, chapter 2 - GOV.UK \(www.gov.uk\)](#)



Gaps in Data/Intelligence

The term 'healthy weight' encompasses all weight categories, not just those who are overweight/obese. Data on underweight children is collected in the annual NCMP; however, numbers are so small that each year prevalence fluctuates greatly, and we are unable to provide detailed analysis by this weight category. Data for adult prevalence of underweight and healthy weight is also limited. Findings from the 2023 Warrington Health and Wellbeing Survey may provide more intelligence surrounding local prevalence in adults.

There is currently a lack of sub-Warrington level data related to healthy weight in Warrington adults. Data presented at a national level show the strong association between adult prevalence of overweight/obesity and deprivation levels. The 2023 Warrington Health and Wellbeing Survey will provide data to fill this gap in intelligence to further understand prevalence of overweight/obesity within Warrington.

There is limited data on the lifestyle factors that affect healthy weight, such as physical activity and diet. The data included in this needs assessment for physical activity/inactivity in adults is from the national Active Lives Adult Survey conducted by Sport England. Whilst an important source of information, and especially helpful in benchmarking Warrington against national data, it does not provide a detailed breakdown of activity within Warrington by different subgroups. It is hoped that the 2023 Warrington Health and Wellbeing Survey will provide this information at statistically robust levels.



Sources and Other Supporting Documents

Obesity Profile – OHID (phe.org.uk)

Musculoskeletal Profile – OHID (phe.org.uk)

Physical Activity Profile – OHID (phe.org.uk)

General Practice Profiles – OHID (phe.org.uk)

Statistics on Public Health (digital.nhs.uk)

NICE Guidelines (nice.org.uk)

HM government (gov.uk)



Appendix

Appendix 1. Warrington GP Practices by Primary Care Network

GP Practice Code	GP Practice Name	PCN Grouping
N81020	Penketh Health Centre	Central and West Warrington Network
N81028	Causeway Medical Centre	Central and West Warrington Network
N81041	Helsby Street Medical Centre	Central and West Warrington Network
N81056	Folly Lane Medical Centre	Central and West Warrington Network
N81097	Dallam Lane Medical Centre	Central and West Warrington Network
N81628	The Eric Moore Partnership	Central and West Warrington Network
N81048	Fearnhead Cross Medical Centre	East Warrington Network
N81109	Padgate Medical Centre	East Warrington Network
N81114	Birchwood Medical Centre	East Warrington Network
N81014	Brookfield Surgery	South Warrington Network
N81065	Latchford Medical Centre	South Warrington Network
N81075	Stockton Heath Medical Centre	South Warrington Network
N81108	The Lakeside Surgery	South Warrington Network
N81623	Stretton Medical Centre	South Warrington Network
N81007	Holes Lane Medical Centre	Warrington Central East Network
N81089	Greenbank Surgery	Warrington Central East Network
N81107	Manchester Road Surgery	Warrington Central East Network
N81637	Cockhedge Medical Centre	Warrington Central East Network
Y01108	Fairfield Surgery	Warrington Central East Network
N81012	Guardian Street Medical Centre	Warrington Innovation Network
N81036	Springfields Medical Centre	Warrington Innovation Network
N81059	Culcheth Medical Centre	Warrington Innovation Network
N81083	Parkview Medical Centre	Warrington Innovation Network
N81122	Westbrook Medical Centre	Warrington Innovation Network
N81645	4 Seasons Medical Centre	Warrington Innovation Network
Y04925	Chapelford Primary Care Centre	Warrington Innovation Network



Appendix 2. Warrington GP practices by IMD2019²¹

Area Code	Area Name	GP Derivation Quintile (IMD2019)
N81645	4 Seasons Medical Centre	1
N81048	Fearnhead Cross Medical Centre	2
N81056	Folly Lane Medical Centre	2
N81065	Latchford Medical Centre	2
N81097	Dallam Lane Medical Centre	2
N81628	The Eric Moore Partnership	2
N81637	Cockhedge Medical Centre	2
N81007	Holes Lane Medical Centre	3
N81012	Guardian Street Medical Centre	3
N81028	Causeway Medical Centre	3
N81036	Springfields Medical Centre	3
N81041	Helsby Street Medical Centre	3
N81083	Parkview Medical Centre	3
N81089	Greenbank Surgery	3
N81107	Manchester Road Surgery	3
N81109	Padgate Medical Centre	3
N81114	Birchwood Medical Centre	3
Y01108	Fairfield Surgery	3
N81020	Penketh Health Centre	4
N81059	Culcheth Medical Centre	4
N81075	Stockton Heath Medical Centre	4
N81122	Westbrook Medical Centre	4
Y04925	Chapelford Primary Care Centre	4
N81014	Brookfield Surgery	5
N81108	The Lakeside Surgery	5
N81623	Stretton Medical Centre	5

²¹ GP Practice deprivation scores & quintiles based on Indices of Multiple Deprivation 2019, weighted by practice populations as at July 2019 (from NHS Digital). NB average deprivation score only based on LSOAs that lie in Warrington borough and excludes non-Warrington LSOAs. NB Stretton has 24% of patients living outside Warrington.

