WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE DEPUTY OF ST. MARY
ANSWER TO BE TABLED ON TUESDAY 5th APRIL 2011

Question

Can the Minister tell members what the Health Service's current policy is with regard to the treatment of obesity and other health problems to which obesity is a contributory factor, and to the prevention of obesity? Can the Minister tell members of any cost benefit analysis which has been done into the costs and the benefits, financial and non-financial, of prevention rather than cure? What is the trend in obesity-related treatments over the last 5 years, and what are the latest estimates of the scale of the potential costs involved both now and in the future?

Answer

The increasing prevalence of obesity amongst adults and children is a major public health challenge in Jersey and other jurisdictions. Being overweight or obese increases the risk of developing a range of other health problems such as coronary heart disease (CHD), type 2 diabetes, some cancers, stroke and reduce life expectancy.

The consequences of obesity are not limited to the direct impact on health. Being overweight or obese has adverse social consequences for the individual (eg. discrimination, social exclusion and loss of or lower earnings) and for the wider economy (eg. working days lost and increased benefit payments).

HSSD approach is therefore twofold:

1. Prevention of obesity

Focus on intervening early during childhood.

- Rolling out the Healthy Schools Programme
- Ensuring healthy food and exercise is part of the curriculum
- Establishing Healthy Food Standards for Secondary School Canteens
- Monitoring child weight as part of school entry health check
- Health walks

In addition approaches which are focused on adults include

- Supporting the delivery of the Exercise Referral Scheme
- Piloting weight watcher on referral scheme
- Advocating for a physical environment that promotes active travel (cycling and walking)

2. Treatment and support

Specific services offered by HSSD relating to the treatment of obesity include:

- Patients with obesity problems may also be referred to the dietetic services by our consultants if they have associated health conditions.

- Bariatric surgery - GP's refer to service which takes a multidisciplinary approach including weight loss advice and monitoring psychological assessment prior to referral to the UK for surgery, if deemed appropriate

Increase in obesity and associated costs

Jersey has a growing obesity problem. The Jersey Annual Social Survey 2010 (JASS 2010) suggests about 19% of men 17% of women are now obese (Body Mass Index [BMI] of 30 or more). This is an increase on 2008 when 11% of men and 12% of women were obese. The 2010 survey also suggests that 1-2% of adult islanders (over 1,000 people) have a BMI of 40 or more. The lifespan of an obese person is up to 8-10 years shorter (for a BMI of 40-45) then a person of normal weight. This is similar to the reduced life expectancy

observed in smokers[1].

JASS 2010 also suggests that around one in five women and one in ten men have a waist size at levels associated with a *very* high risk of cardio-vascular disease.

This increase will inevitably result in rising health care costs and rising numbers of patients seeking treatment for obesity and associated chronic conditions. For example, HSSD's Diabetes Centre has seen significant increases in caseload over recent years and it is expected that by 2016 it will be providing services to 7,500 patients (8% of population) compared to 500 in 1990.

Cost benefit analysis

Research evidence indicates the financial costs associated with obesity and it treatment, examples of which are detailed below. It is important to note that some of the evidence in this area is contradictory and open to dispute.

- Cost of obesity: The National Obesity Observatory has estimated the direct and indirect costs of obesity in the UK, as detailed below[2]:

Estimated costs	1998 (£ millions)	2002 (£ millions)
Treating obesity	9.4	45.8 – 49.0c
Treating consequences of obesity	469.9	945 – 1,075
Total direct costs	479.3	990.8 – 1,124
Lost earnings due to premature mortality	827.8	1,050 – 1,150
Lost earnings due to attributable sickness	1,321.7	1,300 – 1,450
Total indirect costs	2,149.5	2,350 – 2,600
Total economic cost of obesity	2,628.9	3,340 – 3,724

Extrapolating these costs into the Jersey context, obesity and its consequences in 2002 would have cost around £1.5million in direct costs and about £4million in indirect costs. Costs that would have increased significantly in the intervening years.

- Cost of prevention: logic dictates that prevention is better that cure, both financially

and socially. It is important to recognise that whilst investment in prevention will bring financial benefits there is no evidence to support the notion that preventing obesity will mitigate or even reverse the trend of increasing expenditure. This is because technological progress puts constant pressure on health budgets so improvements in public health can, at best, only diminish the rate of increase in health spending.

Costs of surgery: Bariatric surgery and associated aftercare is costly however there is some research evidence that suggests that there are financial saving to be made through upfront investment in bariatric surgery. This is because the costs of surgery can, in some cases, be less that the costs of care for morbidly obese patients who have not undergone surgery[3]. Investment in bariatric surgery does however need to be prioritised against spending in other services.

HSSD future provision

As part of the KPMG 'Strategic Roadmap' work, a significant amount of energy is being spent on modelling the likely impact of future local population changes and health care need. This modelling work is informed by the ageing demographic and other significant trends such as increasing overweight and obesity.

This work will underpin a strategy for future health service delivery in the Island, alongside the strong imperative to invest in prevention and early intervention across a range of health issues. A Green Paper outlining the options is currently in development.

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[1] Franco Sassi: 2010: Obesity and the Economic of Prevention, Fit not Fat: OECD

[2] The Economic Burden of Obesity, October 2010. http://www.noo.org.uk/NOO_pub

[3] Crémieux PY, Buchwald H, Shikora SA, et al. A study on the economic impact of bariatric surgery. Am J Manag Care. 2008;14(9):589-96.