

Public Document Pack

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 23rd of February 2023 at 2.00 pm

Hybrid Meeting

County Hall Ground Floor Meeting room 1 + 2, County Hall, Oxford

This meeting will be livestreamed by the following link:

[HTTPS://OXON.CC/HIB23022023](https://oxon.cc/HIB23022023)



Stephen Chandler
Interim Chief Executive

Contact Officer: **Taybe Clarke-Earnscliffe, Business Support Team Leader**
(Director's Office),
email: Taybe.Clarke-Earnscliffe@oxfordshire.gov.uk

Membership

Chair – Councillor Louise Upton

Board Members:

Cllr Louise Upton	Oxford City Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Cllr Joy Aitman	West Oxfordshire District Council
Cllr Mark Lygo	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Phil Chapman	Cherwell District Council
Cllr Helen Pighills	Vale of White Horse District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Dr David Chapman	Ex-Clinical Chair of Oxfordshire Clinical Commissioning Group
Daniella Granito	District Partnership Liaison
Daniel Leveson	ICB Place Director

Robert Majilton	Healthwatch Oxfordshire Ambassador
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Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned....."*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments**
- 3. Declaration of Interest - see guidance note opposite**
- 4. Petitions and Public Address**
- 5. Note of Any Other Business**

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting

6. Note of Decision of Last Meeting

To approve the Note of Decisions of the meeting held on 17th of November 2022 and to receive information arising from them

7. Health Protection Update (no paper)

Presented by David Munday, Director of Public Health, Oxfordshire County Council

To update HIB on matters relating to flu, Strep A and Covid-19 and current health protection priorities

8. Performance Report (Pages 1 - 4)

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

9. Report from Healthwatch Ambassador (Pages 5 - 8)

10. Planning for workshop in March

11. Director of Public Health Annual Report (Pages 9 - 30)

Presented by David Munday, Director of Public Health, Oxfordshire County Council

To present the main topics of this year's Director of Public Health Annual Report which is focusing on healthy weight among residents in Oxfordshire

12. Needs assessment on healthy weight and update on whole systems approach to healthy weight (Pages 31 - 48)

Presented by Derys Pragnell, Consultant in Public Health and Lynn Zheng, Public Health Registrar OCC

To summarise key findings from the Health Needs Assessment to inform action across system partners to address challenges in achieving healthy weights

13. Active Oxfordshire - Oxfordshire on the Move (Pages 49 - 60)

Presented by Active Oxfordshire

For the Health Improvement Board to receive a summary of Active Oxfordshire's new physical activity framework for Oxfordshire

14. Any other Business

15. Future HIB meeting dates:

8th of June 2023

7th of September 2023

16th of November 2023

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Health Improvement Board 23rd February 2023

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The indicators are grouped into the overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator
4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

Of the 15 indicators reported in this paper:

Six indicators are **green**

Four indicators are **amber**

Three indicators are **red**:

- **2.20** % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)
 - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)
 - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)
5. A thematic "deep dive" performance report is not included for this meeting as the relevant data on healthy weight is within the Health Needs Assessment item elsewhere on the agenda

Health Improvement Board Performance Indicators 2022/23

	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	6.0%	Q2 22/23	5.7%	G	▼	Smoking at time of delivery ranged between 5.4 (Q1) and 7.0 (Q4) across the 4 quarters of 2021-22. Reaching 6.1 across all 4 quarters (391 women) a reduction since last year. The Local Stop Smoking Service has supported pregnant women to quit and a new maternity Tobacco Dependency Service funded by ICB/NHSE is launching early in 2023 to support pregnant women to quit. The FNP incentivised quit scheme also continues.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q2 22/23	92.6%	A	▼	The NHSE Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q2 22/23	89.5%	A	▼	The NHSE Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
	1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data) – Annual	N	25%	21/22	19.9%	G	▲	Reception – There has been a small increase in Reception overweight and obesity since pre- pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.

	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
	1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - Annual	N	37%	21/22	33.4%	G	▲	Year 6 – There has been a significant increase in Year 6 overweight and obesity levels since 2018/2019 (pre-pandemic). Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	N	17.4% (18.6% 21/22)	Nov 20/21	21.0%	A	▼	During COVID levels of inactivity worsened across England and latest data from PHOF shows this is now improving. However, Nov 2021 data from Active Lives Survey shows a greater level of physical inactivity than PHOF so future data may show inactivity reduced during 2021. New projects such as Move Together (launched July 2021) and You Move (launched June 2022) hope to improve this target further.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1188 per 100,000	Q2 22/23	1242	G	▲	The Oxfordshire LSSS continues to engage local residents to quit smoking, targeting priority groups through workplace events and pop-up events, as well as having a single point of access referral route. Work across the system as part of the Tobacco Control Alliance continues to support the County to become Smoke Free through initiatives such as SF side-lines, parks, school gates and signposts smokers to the LSSS.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	60.4% (annual)	21/22	60.4%	-	N/A	Confirmed data for 2022/23 vaccination season is not available yet.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	70%	Q3 22/23	68.4%	A	▲	The NHS Health Check Programme invitations continue to improve each quarter, with 66/67 GP Practices inviting patients to attend their NHS Health Check.

	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
Page 4	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	42%	Q3 22/23	30.2%	R	▲	GP Practices are actively inviting in eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited in. The newly commissioned supplementary NHS Health Check Services began the service Implementation Phase between October - December 2022 and service delivery through outreach clinics began from 1 st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	N	80%*	Q4 21/22	67.0%	R	▲	This is below the levels seen for England (68.6%) and the South (70.2%). GP practices with lower cervical screening coverage in 25-49 year olds are situated in LSOAs with a higher percentage non-white population. NHSE Screening team are working in conjunction with BOB ICS to embark on a work to improve cervical screening uptake, in particular for younger, non-white women, at the lowest performing practices in the System. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	N	80%*	Q4 21/22	75.3%	R	▲	Comparable to England (75%) and the South (75.2%). NHSE SIT is developing a multi-agency plan to address known inequalities across the cancer screening programmes which include a combination of programme level initiatives and a targeted approach in some areas.
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	86.4% (annual)	21/22	86.4%	-	N/A	Confirmed data for 2022/23 vaccination season is not available yet.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	N	60% (Acceptable 52%)*	Q4 21/22	68.3%	G	▼	Service is fully restored, recovered its backlog in July 2021 and performs within the invite target threshold of inviting within +/- 6 weeks. National average = 67%.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	N	80% (Acceptable 70%)*	Q4 21/22	71.5%	G	▲	NHSE SIT are working with partners to address known inequalities across the cancer screening programmes which include a combination of programme level initiatives and a targeted approach in some areas.

*National target

Healthwatch Oxfordshire report to Health Improvement Board (HIB). 23rd February 2023

Presented by Healthwatch Ambassador for the HIB **Robert Majilton**

Purpose / Recommendation

- For questions and responses to be taken in relation to Healthwatch Oxfordshire insights.

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with specific groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We continue to build on our social media presence and output to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

Key Issues

Since the last meeting in November, our current work focus includes

Reports published:

"Leaving Hospital with medicines" focusing on experience of people leaving hospital (across Oxford University Hospitals OUH) with prescribed medicines, and the support they received during and after discharge.

In total we heard from 113 people – 105 people via a survey and 8 people face to face at the discharge lounge in the John Radcliffe Hospital. 9 people kindly came forward to share their stories in depth, illustrating the journeys people took. Some of these stories are included at the end of the main report and on our website [here](#). A key finding was that few respondents had heard of the Helpline. We also identified other themes around clear and timely communication about medicines and discharge waiting times.

Based on what we heard, we made a series of recommendations to the OUH, to which they responded, i agreeing to:

- Review communication and promotion of the Helpline
- Seek patient input into the written communication and instructions for patients about medicines taken home
- Review and improve discharge process within hospital
- Review and ensure patients have clear communication about follow up prescriptions and where to turn once left hospital.

[Leaving Hospital With Medicine – main report](#)

[Leaving Hospital With Medicine – executive summary including OUH response](#)

[Leaving Hospital With Medicine – easy read summary](#)

Hearing from Men in Carterton.

We wanted to hear from working men – who are often seldom heard – about their views on health and care. We decided to focus on Carterton, drawing on ‘rapid appraisal’ methodologies from November 2022 to January 2023, to gain quick insights into local health attitudes and needs. We had **conversations with 31 men** in all. Our interactions with men involved short but meaningful conversations, prompted by the questions ‘*What makes it easy and what’s hard about looking after your health in Carterton?*’ with added opportunity to give insights into using local health services. Our work linked with the Oxfordshire Men’s Health Forum initiative in November 2022 #30Chats in 30 days.

This report highlights what men told us in their own words narrated by theme. Reflecting the views of the 31 men we spoke to their voices give rich insight into some of attitudes and views men of working age held towards important issues of health and wellbeing. It has been shared with the Men’s Health Partnership and others working to reach men. You can read the report here: <https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

Enter and View reports and visits continue, with recent visits to Churchill Dialysis Unit, Children’s Hospital, Accident and Emergency Departments at Horton and John Radcliffe Hospitals and Damira Dental Centre. Planned Enter and View visits for end of February include a care home. Once complete, all reports and provider responses are available here: <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/>

All recent reports are on our website: <https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

Other activity:

- Continued work with **Patient Participation Groups (PPGs)**, including regular newsletter, webinars, visits to PPG meetings, and work linking to Primary Care Networks (PCN) and patient outreach. (see here: <https://healthwatchoxfordshire.co.uk/ppgs/>)
- We are hosting **Healthwatch Oxfordshire Open Forum on 28th February from 4.30-5.30 pm** for members of the public to meet our Board of Trustees, hear about our work and ask any questions. Details here: <https://healthwatchoxfordshire.co.uk/event/healthwatch-oxfordshire-open-forum/>
Outcomes from our work – To read about other outcomes our Board papers for will be available on this day and on this web page <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>
- **Open Patient Information webinar on March 31st 1.30 – 3pm** for members of the public and others to hear from Dan Leveson (Place Director for Oxfordshire for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to learn about Oxfordshire Place Based Partnership; what it is, how it will work and what it means for Oxfordshire residents and communities. The link will be available here: <https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/>
- **‘On the street’** outreach to speak to the public took place included Watlington Christmas Fair, Donnington 50+ group, and ongoing engagement with Oxford

Community Champions (Core 20 plus 5) around access to health care, commenting on services and interpreting support

- Our regular Healthwatch Oxfordshire **hospital stands** continue with recent visit to Nuffield Orthopaedic Hospital to hear directly from members of the public.

Current surveys:

- We currently have a survey on people's experience of **Long Covid** support available here: <https://www.smartsurvey.co.uk/s/LongCovid2023/>

Key issues we are hearing:

- Continue to hear about access to NHS dentistry, GP waiting and access, and cost of living.

Key Dates

Priorities for Healthwatch Oxfordshire in 2022-3 are:

- Increase the voice of seldom heard communities – through ongoing outreach, and development of community research model
- Increase the influence of Healthwatch Oxfordshire in ensuring voices of the public are heard by the health and social care system – through working with Patient Participation Groups, Primary Care Networks and Oxfordshire Wellbeing Network, Oxfordshire Placed Partnership among others.

Report by: Veronica Barry – Healthwatch Oxfordshire, Feb 2022

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Healthy Weight, Healthy Communities, Healthy Lives

How we can support people in Oxfordshire to be a healthy weight
2022/23 Director of Public Health Annual Report



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Chapter 1: Why does it matter



Why excess weight matters – the consequences

Living with overweight or obesity can have a hugely detrimental impact on individuals, families and society. It increases the risk of developing illnesses ranging from arthritis to diabetes to cancer. Not only does this reduce an individual's quality of life, but it also has implications for the health and care system, for productivity and on the workforce.

In Oxfordshire, over half of adults and one in three year six children are overweight or obese. These figures have risen over the years, particularly during the pandemic, alongside a decline in the amount of physical activity of both adults and children.

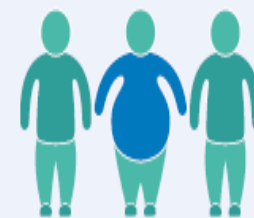
These numbers are not distributed evenly across Oxfordshire.

Latest Data for Oxfordshire shows



58%

58 per cent of adults were overweight or obese



1 in 3

One in three year six children were overweight or obese



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The cost to physical & mental Health

Obesity in children strongly predicts adult obesity, with obese children and adolescents around five times more likely to be obese in adulthood.

Obesity harms children and young people



Emotional and behavioural

- Stigmatisation
- Bullying
- Low self esteem



School absence
School attendance

Educational attainment



High cholesterol
High blood pressure
Pre-diabetes
Bone and joint problems
Breathing difficulties



Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life

Obesity harms adults



Less likely to be in employment



Discrimination and stigmatisation



Increased risk of hospitalisation



Reduction in life expectancy by an average of three years or by 8-10 years with severe obesity

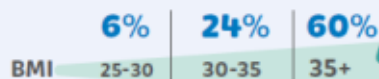


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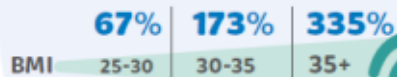


Increased risks and conditions

Increased risks of contracting COVID-19 for people living with excess weight compared with those who are a healthy weight.



Increased risks of being admitted to ICU with COVID-19 infection for people living with excess weight compared with those who are a healthy weight.



Obesity harms health

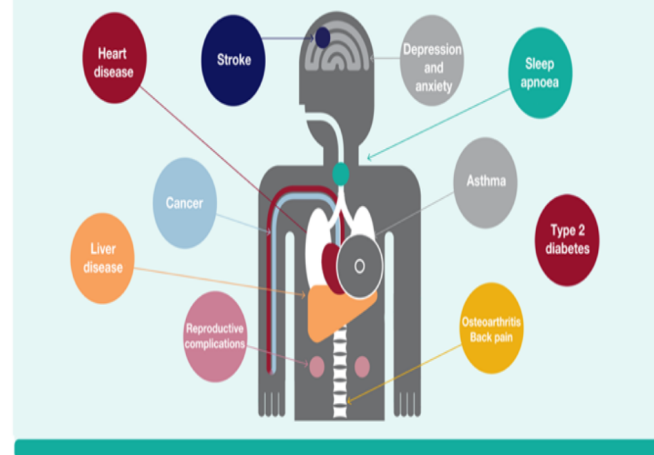


Table 2: Percentage of cases in England attributable to obesity

Condition	Percentage of cases attributable to obesity
Type 2 diabetes	47%
Gout	47%
Hypertension	36%
Colon cancer	29%
Myocardial Infarction	18%
Angina	15%
Gallstones	15%
Endometrial cancer	14%
Ovarian cancer	13%
Osteoarthritis	12%
Stroke	6%
Prostate cancer	3%
Rectal cancer	1%



Costs , hospital admissions and quality of life

In the UK living with excess weight is strongly associated with higher annual rates of hospital admission. Over a million hospital admissions a year have obesity as the main or contributing factor. There is a direct relationship between excess BMI and the chance of hospital admission.

Type of cost for the UK

Costs to the NHS
Including primary care,
medications and hospitalisation
£6.5 billion

Costs to the NHS
Additional COVID-19 related
costs due to higher probability
of hospitalisation and death in
those living with obesity
£4.2 billion

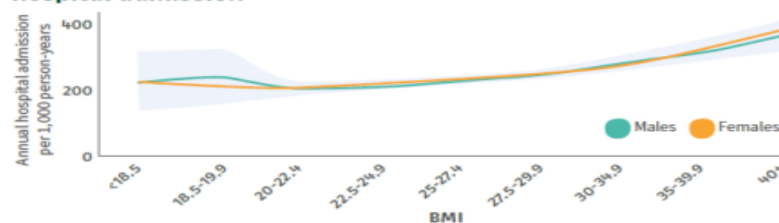
Social care
and reduced
productivity costs
Due to obesity related,
long term conditions
£7.5 billion

Costs of loss
of quality of life
Measured using
Quality Adjusted
Life Years (QALYs)
£39.8 billion

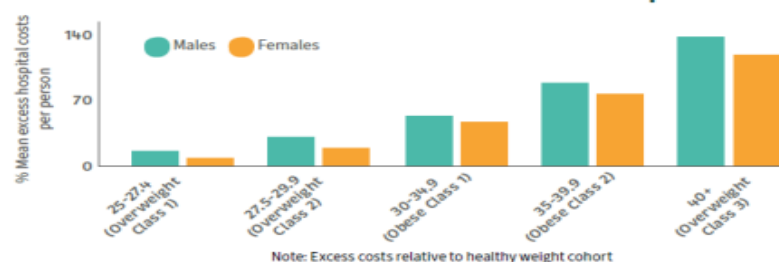
Social costs
Cost of unemployment
benefits paid to people
with obesity
£4 billion

Total cost
for the UK
£62 billion

High BMI is strongly correlated with the chances of hospital admission



There is a link between excess NHS costs and BMI upon admission





Chapter 2: Size of the problem

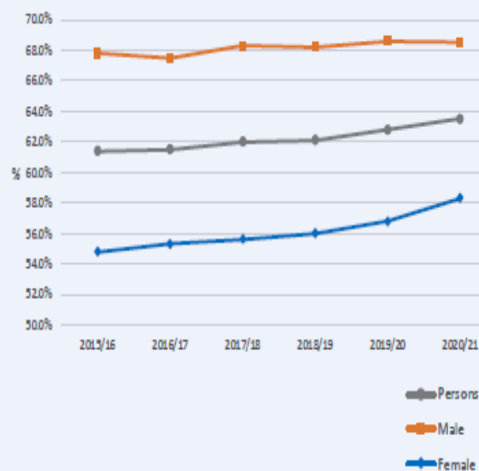


The scale of obesity – adul

Nationally, the proportion of children and adults who are overweight or obese has risen in recent years. Excess weight increases throughout adult life before declining in later old age (75 years and older).

More men are living with excess weight but numbers for women have risen faster over time.

Percentage of adults (aged 18+) classified as overweight or obese



Almost one in five pregnant women in Oxfordshire were obese early on in pregnancy (2018/19).

Living with obesity in Oxfordshire (2021/2022 figures)



Adults in Oxfordshire
58 per cent

There is also variation by district as shown below.



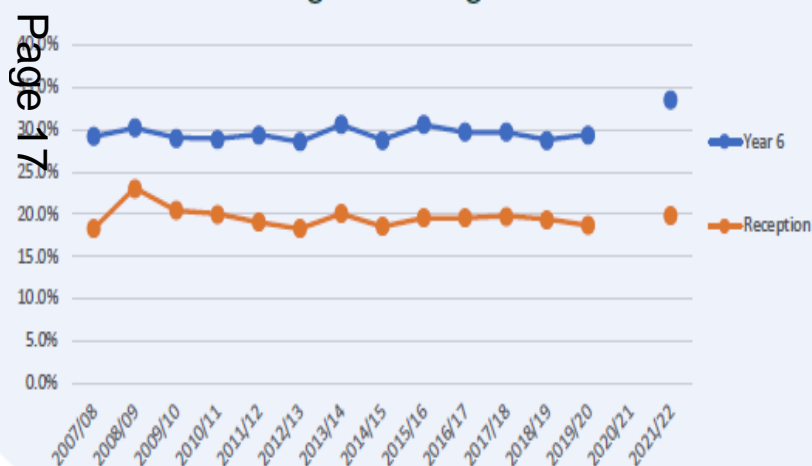
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The scale of obesity – children

The number of children who were overweight or obese in Oxfordshire fell between 2018 & 2020. Latest latest figures show this has risen. For year six these are the highest numbers ever recorded.

Oxfordshire - overweight including obese



Reception

Percentage of obese children



2015/16 **7 per cent**
2021/22 **8.5 per cent**

Percentage of overweight or obese children



2021/22 **19.9 per cent**

Year 6

Percentage of obese children



2015/16 **16 per cent**
2021/22 **19.5 per cent**

Percentage of overweight or obese children



2021/22 **33.6 per cent**



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Adults: Inequalities and excess weight

Nationally some **ethnic groups** are more likely to experience excess weight or be at increased risk of some obesity related conditions at a lower BMI.

Black adults are most likely to be overweight or obese at 67.5% (Oxfordshire data is not available)

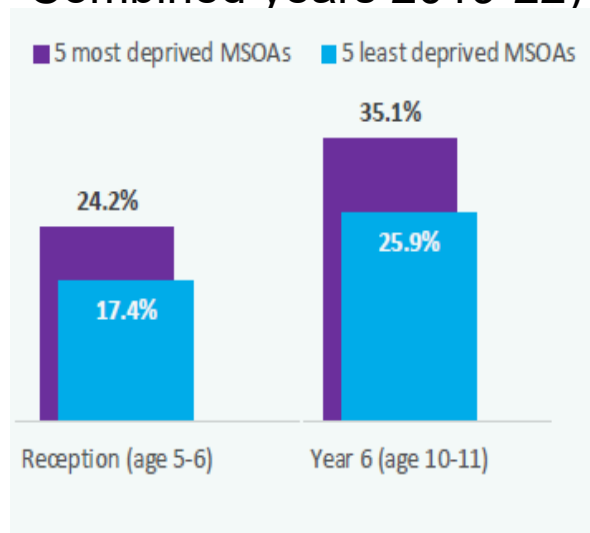
Nationally, a higher proportion of adults with **learning disabilities** are obese.

Data from Oxfordshire reflects this with 68% of adults with learning disability recorded as overweight and 40% obese (compared to 58% and 21%, general population)

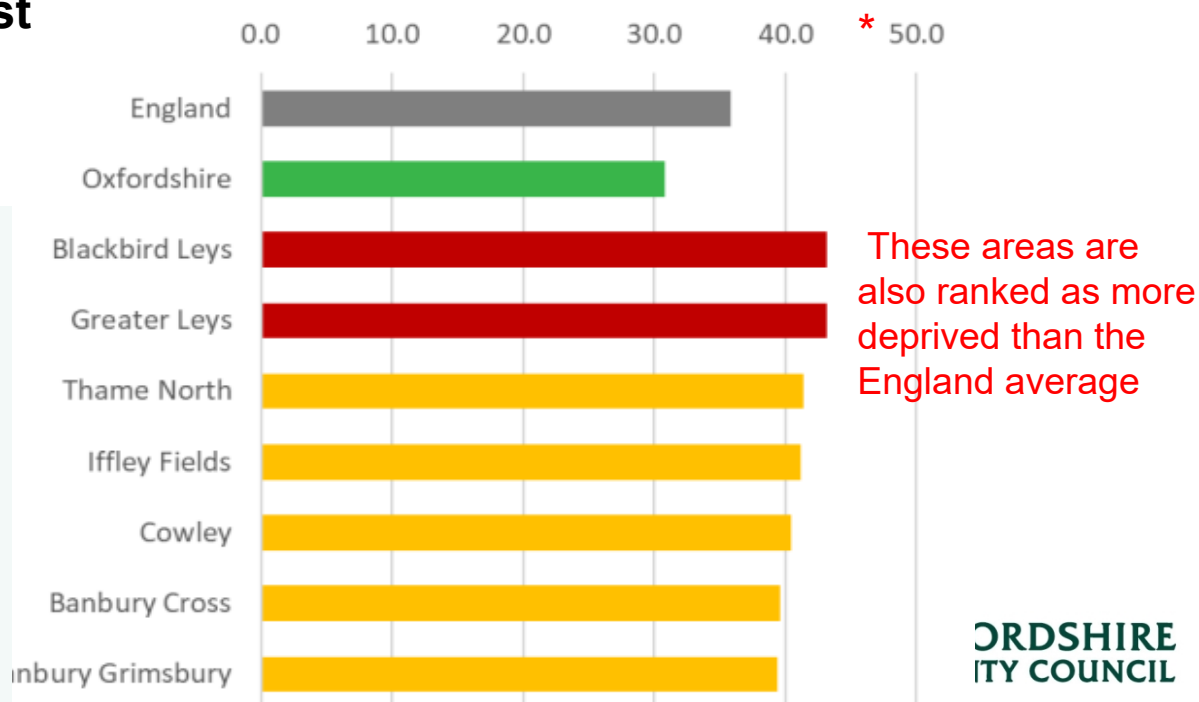


Children: Inequalities and excess weight

Oxfordshire gap between 5 least deprived and 5 most deprived: childhood overweight & Obese Combined years 2019-22)



Areas of Oxfordshire with the highest prevalence of Y6 (obesity & overweight)





Chapter 3: Understanding the causes

Understanding the causes of overweight and obesity

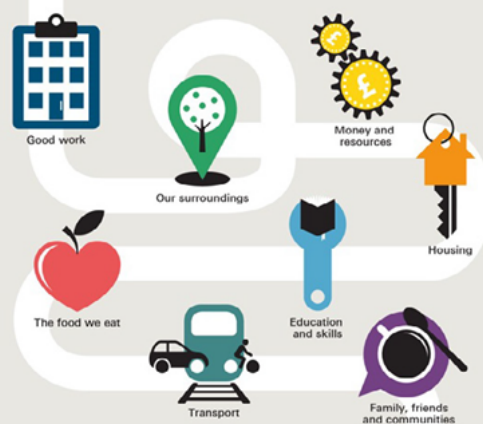
Being overweight or obese is largely driven by the circumstances in which people live – root causes such as poverty, employment, housing, and access to parks and safe places to walk. These are known as the wider determinants of health.

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What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: health.org.uk/what-makes-us-healthy



© 2019 The Health Foundation.

The situation in Oxfordshire



Households living in fuel poverty increased by **10 per cent** to almost 23,000.

Around **14,000** school pupils eligible for free school meals



Almost **15,000** children aged 0-15 living in low income families

Over **8,000** older people claimed pension credit



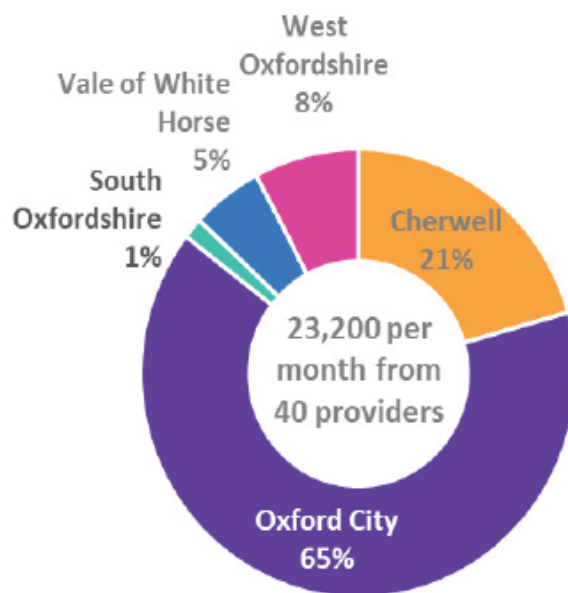
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Food poverty

In Oxfordshire, around 100 community food services operated by 74 organisations are working to address food poverty by providing thousands of food parcel and meals each week.

A Snapshot of 40 found:

Community Food Service beneficiaries in average month (July 2021 Good Food Oxfordshire survey)



Healthier foods are nearly x3 as expensive as less healthy foods calorie for calorie.



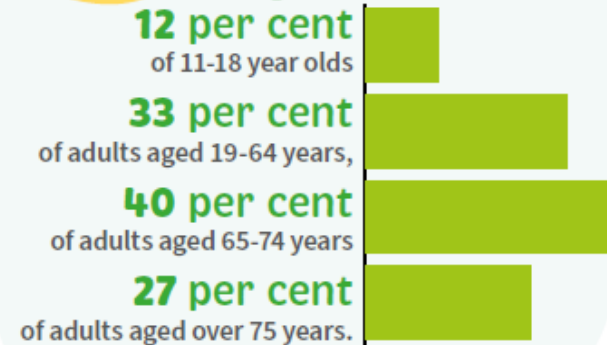
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COUNTY COUNCIL**

Access to healthy food

Between 2008-19 The UK National Diet and Nutrition Survey found saturated Fat intake increased, Fibre intake remained too low and more sugar and chocolate confectionary was being eaten.

60% Oxfordshire adults NOT consuming '5 a day'

Percentage consuming '5 a day'





Access to Healthy Food – children and families

As children, our eating behaviours can be inherited or affected by our environment. What and how food is provided inside and outside of the home is important to developing healthy eating habits.

Breastfeeding

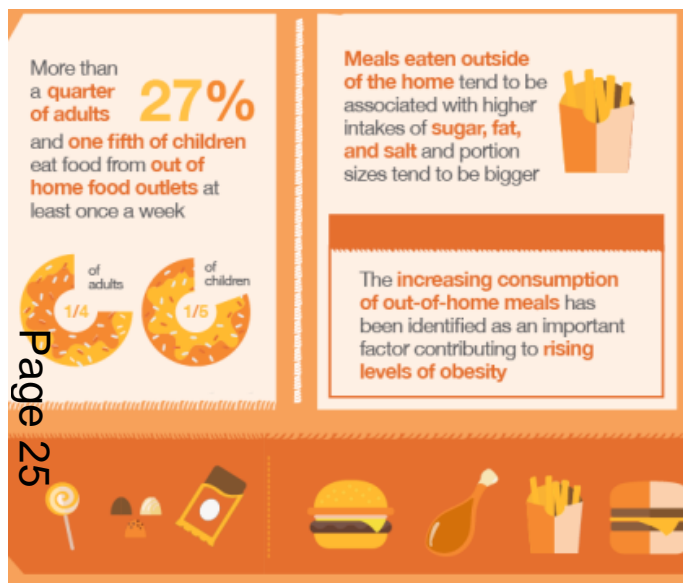
- For three months in the first year of a baby's life is proven to have a positive impact, reducing the risk of obesity by 13 per cent in later life.
- Mothers who breastfeed also benefit from a faster return to pre pregnancy weight.
- Oxfordshire: 61% babies partially or fully breastfed at 6-8 weeks.

School

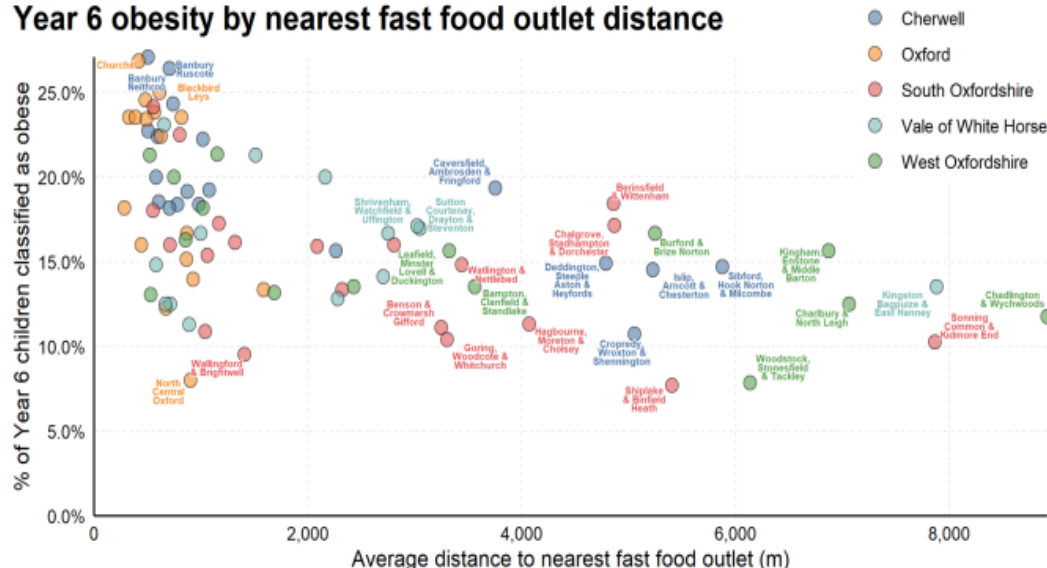
- For some children school lunch is their main meal, providing a critical nutritional safety net.
- As the number of children accessing free school meals increases and the cost of living impacts on what some families can afford, it is even more important to ensure the food offer in school meets nutritional needs.
- Nutrition in school is linked to educational attainment



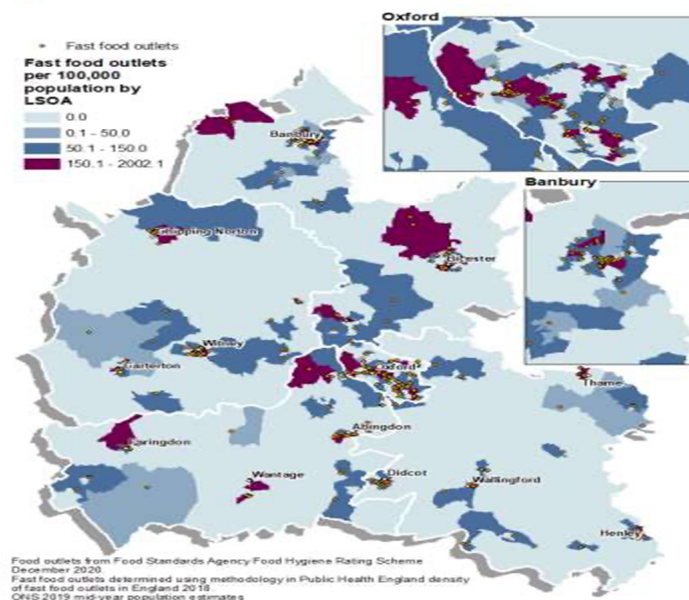
Fast food outlets



Year 6 obesity by nearest fast food outlet distance



Fast food outlets



- Links between fast food availability and diet. Outlets selling fast food cluster around areas of deprivation.
- We are influenced by food availability, promotions and targeted advertising.



Physical activity

At the simplest level, excess weight is caused by an energy imbalance – where energy intake exceeds energy expended

As well as helping to maintain a healthy weight, regular physical activity builds strength and improves balance, concentration and mental wellbeing. It reduces the risk of many common and serious illnesses like cardiovascular disease, stroke, diabetes, osteoporosis and some cancers

49 per cent of Oxfordshire's children don't meet physical activity guidelines

18 per cent of Oxfordshire's adults are inactive



Chapter 4: Strategy going forward

Building from strength



Whole Systems Approach to Healthy Weight – making is everybody's business

Preventing excess weight requires a shift in focus away from individual behaviours towards the wider environment.

No, one organisation has the knowledge, tools or power to solve it and a co-ordinated whole systems approach is needed to change factors that lie outside of an individual's control.

These factors include the environments we live and work in, our social circles, media and marketing messages, and policies.





Emerging actions from the Oxfordshire Whole System Approach to Health Weight

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Other initiatives we are working on or aspire to include:-

Understanding the needs of communities across the county and mapping existing community assets



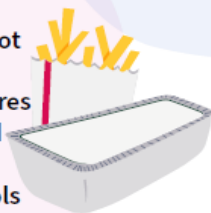
Improving uptake of Healthy Start vitamins and vouchers



Supporting the growing of food and cooking in communities



Ensuring development avoids the over concentration of hot food takeaways in existing town centres or high streets and restricts their proximity to schools



Improving the healthy food offer in places like leisure centres, workplaces, colleges, hospitals and schools



Developing streamlined healthy weight care protocols and pathways



Supporting local food businesses to provide healthier options

Planning and licensing policies to regulate and promote healthier food choices and related advertising, particularly those close to schools



Developing local cycling and walking infrastructure and programmes



Our work is targeted at the areas with greatest need. We are exploring the Local Authority Declaration on Healthy Weight and a Health Needs Assessment is underway to further inform the approach.

Building from our strengths – case studies



Page 30
Oxfordshire Food Strategy



Community Insight Project



Nutritious school food



OX4 FOOD CREW
fighting food inequality

Community wealth building



Family Healthy Weight Service



The baby friendly initiative



Community empowerment



Supporting young women to access green space



You Move- physical activity for families

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Health Improvement Board

February 2022

Progress update on the Whole Systems Approach to Healthy Weight in Oxfordshire

Purpose / Recommendation

1. HIB members are asked to:

- Note the summary of activity taken place to date, including Director Public Health Annual Report and Health Needs Assessment
- Endorse and galvanise input from partners across the system to support Place based approaches to tackling overweight and obesity
- Endorse further background work to consider signing up to the Food Active Healthy Weight Declaration in the near future
- Encourage partners to attend a system workshop in Spring 2023 that will focus on all of the above

Executive Summary

The Oxfordshire whole systems approach (WSA) to healthy weight has four priority areas identified to structure associated actions;

- Healthy weight environment
- Prevention
- Support
- System leadership (a partnership and systems approach)

Progress against the current action plan, first developed in 2022 following stakeholder involvement and the forming of a core working group, is summarised in the appendices. Achievements include: implementation of a healthy weight support service for 4-12 year olds; achieving Sustainable Food Places Silver Award for the County; piloting the Creating Active Schools Framework across two academic years; expanding the adult healthy weight service to include bespoke programmes for diverse and multi-ethnic communities and those with mental health conditions.

The Director of Public Health Annual Report (2022/23) focuses on healthy weight and highlights key issues of tackling prevention, healthy weight environments and support for residents.

The Health Needs Assessment for healthy weight identifies the following key themes under which recommendations have been made;

- *Prevent*: Starting early in order to prevent excess weight
- *Healthy Weight Environment*: Enabling healthy weight by building healthy places and environments; Making healthy behaviours attractive and easier
- *Support*: Supporting those living with excess weight to recognise and ensure equitable access to weight support services.
- *System Leadership*: Addressing inequalities in all we do

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The WSA is being refreshed for 23/24 to take account of the new recommendations from the HNA.

The most challenging actions to take forward require collective action and substantial support from partners. It is therefore recommended that the HIB endorse:

- District Councils to nominate a lead officer to champion, support and drive forward the delivery of actions associated with the WSA to healthy weight within their District
- Further background work to consider signing up to the Food Active Healthy Weight Declaration for the County and encourage Districts to do the same
- District Council and wider partners to champion and attend a systems workshop to springboard related actions in Spring 2023

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Background

The process of implementing the Whole Systems Approach (WSA) to Healthy Weight in Oxfordshire began in 2019 following HIB endorsement of the approach¹. Following development work, in 2022, the below four priority action areas were agreed along with the current action plan and a Health Needs Assessment (HNA) was commenced to ensure a comprehensive understanding of all opportunities.

- *Prevention* – Start well, Live Well and Age Well
- *Healthy weight environment* – Health promoting food and built environments
- *Support* – services for residents to achieve and maintain a healthy weight
- *System Leadership* – working in partnership to lead work towards a healthy weight environment

Progress against the action plan is summarised in appendix 4. Progression during 2022 includes: achieving Sustainable Food Places Silver Award for the County; implementing a pilot of Active Schools Framework for a whole school approach to physical activity; expanding the adult healthy weight service to include bespoke programmes for diverse and multi-ethnic communities and those with mental health conditions; commissioning a healthy weight support service for 4-12 year olds, and forming a core-working group for the WSA.

A year-long local community insight project, commissioned by Public Health, was delivered by a social change organisation in 2021 to explore how residents' feelings about how where they live, work, learn and play could motivate or support them to attain and/or sustain a healthy weight. This work has informed both the HNA and the Director for Public Health Annual Report 2022.

The thematic findings include:

- 1) access to affordable healthy food (infrastructure, characterised by ease and convenience, affordability, and poor access to supermarkets)
- 2) food and family life (changing family structures influencing food consumption, reduction in meal-times, parenthood demands and influences on healthy choices)
- 3) mental wellbeing and healthy eating (emotional eating response to stress & difficult situations).

Other actions to note are the healthy weight health needs assessment which has informed the Director Public Health Annual Report 2022, and development of a physical activity strategy for Oxfordshire, which are being presented verbally at this meeting.

Future work for 23/24, including actions identified as a result of the HNA, is also within the summary table (appendix 4) with the challenges discussed in more detail in the Key Issues section of this paper.

¹ PHE (2019) Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight. Available [here](#)

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Key Issues

- **The Oxfordshire Director of Public Health Annual Report (DPHAR) 2022, 'Healthy Weight, Healthy Communities, Healthy Lives'** (see appendix 1 for meeting slide-set) highlights the need for:
 - Prevention – working with schools to ensure eating healthy food and being physically active starts in childhood
 - Environment – creating safe places to walk and play, and supporting local food business to provide healthy options
 - Support – providing support for people who need it to maintain a healthy weight and be active
- **The health needs assessment for promoting healthy weight (HNA) 2022 (see appendix 2 for summary)** describes the health needs of Oxfordshire residents with respect to healthy weight, risk factors and services that support residents to move towards a healthier weight.
 - It acknowledges the changing patterns of excess weight for Oxfordshire during the peak of Covid-19 pandemic and foreseeable challenges resulting from the rising cost of living.
 - Focuses on prevention; recognising that to address a population level problem, whole systems prevention-focused approaches are needed
 - Uses a range of sources to collate evidence including community engagement projects, stakeholder needs, national and local data and national guidance and research literature.
 - Makes a series of recommendations which can be grouped as:
 - *Prevent*: Starting early in order to prevent excess weight; Making healthy behaviours attractive and easier
 - *Healthy Weight Environment*: Enabling healthy weight by building healthy places and environments
 - *Support*: Supporting those living with excess weight to recognise and ensure equitable access to weight support services.
 - *System Leadership*: Addressing inequalities in all we do

A summary of the HNA recommendations can be found in appendix 3

- The **Oxfordshire Food Strategy**² was published in November 2022 with work to establish specific action plans for each District being led by Good Food Oxfordshire into 2023. This approach aligns with the healthy weight agenda, through one of the action areas focusing on diet related ill health, as well as tackling food poverty.
- **The most challenging actions in the WSA Plan** are reliant on collective action and substantial support from system partners. These include:
 - Clearly identifying the geographical areas within which we need to focus

² Good Food Oxfordshire (2022) Oxfordshire Food Strategy. Available [here](#)

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- Working with local businesses (including local food businesses, convenience stores/shops, street traders, dark kitchens) to support provision of healthier options
 - Promoting healthy catering and food provision policies and practices within organisations within the HIB membership
 - Exploring opportunities to restrict less healthy options particularly in and around schools, such as new hot food takeaways and advertising of food with high fat, salt and sugar content
 - Developing an adult healthy weight pathway
 - Exploring both maternity and learning disabilities prevention and healthy weight service provision
- Given the focus in both the DPHAR and HNA on areas around places where children learn and play, we are proposing to test the Town and Country Planning Association (TCPA) ‘**School Superzones**’ concept³ which incorporates the local food environment, active places and clean air (and can also support work related to smoking and tobacco). A workshop for key stakeholders, led by the TCPA, to support the implementation locally is planned for Spring/Summer 2023.
 - To help galvanise support and to take forward the broad range of actions required to improve healthy weight opportunities for our communities, **it is recommended that the HIB members support/endorse further background work to consider signing up to the Food Active [Healthy Weight Declaration](#)** in the near future.

The HW Declaration signals strategic commitment with primary aims to:

- Reduce unhealthy weight in local communities
- Protect the health and wellbeing of staff and citizens
- Make an economic impact on health, social care and the local economy.
- There are 16 commitments and the opportunity for further, locally produced commitments relevant to local area priorities, as defined with stakeholders such as HWBB, ICS, 3rd sector and public consultation.

It is seen as a tool to strengthen local WSA plans, and case studies are available from other areas (including 2-Tier authorities) where the Declaration has been used to form change across the food and healthy weight systems.

- **It is proposed that a workshop takes place in Spring 2023 to bring together key stakeholders across the healthy weight system to explore endorsing the Healthy Weight Declaration and strategic approach to support the future work of the WSA for 23/24 and beyond.**
- **Stakeholders are asked to nominate a key officer who is able to champion, influence and support progression of key actions within their organisation to attend this workshop and provide commitment to the healthy weight work for Oxfordshire**

Budgetary implications

³ PHE & TCPA (2021) School Superzones. Available [here](#)

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Some of the actions proposed require officer time and policy changes rather than significant budget contributions. There are specific actions and recommendations where a budget will be required to take the work forward. Much of the financial contribution in this instance will be made from Oxfordshire Public Health grant. Important elements such as evaluation and research may need to be funded from external grants requiring bidding processes.

The recommendations for the HIB would require nominated officer time to attend both a Healthy Weight Declaration workshop and subsequent relevant subgroups of the WSA to healthy weight to take forward the action plan.

Equalities implications

Ensuring voices and experiences of underrepresented and the most deprived communities are heard was a key priority of the Healthy Weight Community Insight Project completed in 2022. The findings of this work have contributed towards the HNA and recommendations.

The current adult healthy weight service incorporates bespoke offers to diverse and multi-ethnic communities (see slide-set [here](#) for in depth information).

Both the DPH report and the HNA have highlighted the need to consider specific groups where the burden of excess weight is greatest, and work will focus around these areas. This includes some (but not all) areas of deprivation and specific target populations such as those with learning disability.

The Food Active Healthy Weight Declaration supports the development of healthier places, reducing inequalities and building resilience as part of building back fairer as communities recover from Covid-19 pandemic.

Sustainability implications

One of the aims of the Food Active Healthy Weight Declaration is to make an economic impact on health, social care and the local economy through a system wide approach to improving healthy weight in local communities and through protecting the health and wellbeing of staff and citizens.

The Oxfordshire Food Strategy framework includes Food for the Planet. The objective is that the food that we produce, consume and waste has less negative impact on the planet. The influencing factors been considered in the food strategy are:

- dietary choices
- food waste
- land-use and farming practices.

Various WSA actions would support reduction of single use plastics, improve active travel opportunities and use of green space through community growing and cooking opportunities.

Risk Management

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There is considerable work to do on the WSA to healthy weight. To make a sustained impact, significant system change is required across a range of partners and stakeholders. Signing up to the Food Active Healthy Weight Declaration provides a platform on which to synergise all the work and required buy in to take this agenda forward. Details of this has been covered in the Key Issues section of the paper.

Without this system change, any commissioned support service and targeted prevention initiatives will only provide change to a small number of local residents.

Communications

A year-long local community insight project, commissioned by Public Health, was delivered by a social change organisation in 2021 – see background section for detail.

Key Dates

The next steps for the WSA to healthy weight include:

- The health needs assessment for healthy weight in Oxfordshire to be published in February 2023 will inform a revision of the WSA action plan
- A WSA to healthy weight strategy will then be developed
- Publication of the DPH Annual report on healthy weight March 2023
- Workshop in early summer 2023 for wider stakeholders to sign up to the Food Active Healthy Weight Declaration to drive forward the progress of the WSA to HW.
- Workshop in early summer 2023 to galvanise support for testing the Schools Superzone concept within Oxfordshire
- All of the above will happen alongside the continuation of existing and new (from HNA) actions within the WSA action plan

Report by
Contact Officer
January 2023

Derys Pragnell, Consultant in Public Health
Sal Culmer, Public Health Principal

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Appendix 1 – DPH Annual Report 2022 – Healthy Weight, Healthy Communities, Healthy Lives

Slide set below:



DPHAR
Presentation.pptx

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Appendix 2 – Overview of context, findings and key recommendations from the Health Needs Assessment for Promoting Healthy Weight

Context

1. Living with excess weight poses a significant challenge to living a healthy life. It increases the risks for a wide range of health conditions including heart attacks, strokes, many types of cancer, complications in pregnancy and depression¹. It is associated with worse mental health and lower educational attainment in children^{2,3} and needing to take more sick leave in adults⁴. It is one of the leading causes of preventable early deaths.
2. Excess weight also comes with high social costs due to its impact on residents' quality of life and need for health and social care, costing an estimated 3% of the UK's GDP⁵. Meanwhile, measures to promote a healthy weight will also aid objectives to reduce levels of dental decay⁶ and help Oxfordshire make progress towards achieving its net-zero goals by 2050 by reducing food-related carbon emissions, road congestion and air pollution⁷.
3. Nationally and across Oxfordshire, levels of childhood overweight and obesity have been increasing steadily. However, 2020/21 saw the largest year-on-year increase in excess weight since data collection began in 2006⁸. The biggest increases were seen in children living in the areas of England with the highest levels of deprivation or from ethnic groups already experiencing the highest levels of obesity, widening the health inequalities in excess weight that already existed pre-pandemic⁹. National data suggest a partial recovery in 2021/22, however at both national and county levels the proportion of children living with excess weight remains substantially higher than pre-2019/20.

Process

The Health Needs Assessment for Promoting Healthy Weight (HNA) aims to:

- Describe the current situation with respect to excess weight in Oxfordshire in comparison to other local authorities and England
- Collate information on the health needs of residents using a broad range of sources to ensure different perspectives have been considered and generate balanced recommendations. Data sources used include:
 - o needs identified by residents during community engagement projects (for example gathered by organisations including Press Red, Healthwatch Oxfordshire, Oxford Hub, Community First Oxfordshire)
 - o needs highlighted by providers and other stakeholders in Whole Systems Approach to Obesity stakeholder workshops and through oversight from the Oxfordshire Healthy Weight Core Working Group
 - o needs based on nationally and locally collected data (for example from the National Child Measurement Program and the Oxwell Student Survey)
 - o evidence-informed national guidance and the research literature
- Have a focus on prevention. Six in ten adults in Oxfordshire are living with overweight or obesity⁸. The HNA therefore recognises that, in order to address a population-level problem, whole systems-level prevention-focussed approaches are needed.

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- Given the much higher proportion of residents living with excess weight relative to those with underweight (~40% of Year 6 children live with excess weight compared to 1.5% with underweight⁸), this HNA focuses on preventing and addressing excess weight (defined as living with overweight or obesity).

Findings

- In Oxfordshire, **one in five children are already living with excess weight on entering Reception**, this rises to **over one third of children in Year 6 and nearly six in ten adults**⁸. National data show that levels of excess weight have been increasing amongst Year 6 children (since data collection began in 2006/07) and adults (since 2015/16). Whilst local data are not sufficiently precise to infer if levels of excess weight in Oxfordshire have followed the same trends, comparing levels seen in Oxfordshire in 2020/21-21/22 with pre-pandemic years, levels of overweight and obesity have increased amongst Year 6 children and there are suggestions of an increase in adult obesity levels (though not reaching statistical significance).

- Whilst overall levels of excess weight in Oxfordshire compare favourably to comparable local authority areas, Oxfordshire residents from certain population groups or living in some geographical areas experience substantial health inequalities in relation to excess weight, with a **18% difference in levels of excess weight between the areas with the highest and lowest levels of excess weight**. Levels of excess weight are 13% higher in the least affluent areas (combined, when compared to the most) and ~10% higher than the average for those of Black or certain Asian ethnicities or living with a learning disability. These inequalities in excess weight have persisted over time, and are already seen amongst children starting Reception, suggesting the need to take targeted action if we are to address them.

- Sustaining a healthy weight relies on maintaining a balance between energy intake (through food and drink) and energy expenditure (through being physically active)¹⁰. The key influencing factors for preventing excess weight considered in the HNA therefore include **diet, breastfeeding and physical activity** (mental wellbeing as an influencing factor for healthy weight, and related health needs, have been examined in two recent OCC health needs assessments in 2018¹¹ and 2021¹²).

- **In relation to diet**, findings from the National Diet and Nutrition Survey suggest that efforts to improve healthiness of diets should aim to **increase consumption of fruit and vegetables, fibre and oily fish, whilst reducing sugar and saturated fat intake**¹³. In Oxfordshire, **four in ten adults are not meeting the national '5-a-day' recommendations** for fruit and vegetable consumption¹⁴, and **one third of school-age children (34%) report having 3 or more 'unhealthy' snacks a day**¹⁵. Approximately one in five meals are eaten outside of the home, these meals tend to have higher levels of saturated fats, sugar, and salt, and the concentration of fast-food outlets is higher in areas with higher deprivation¹⁶.

- Food prices rose by 17% in the year to November 2022¹⁷ and nationally **approximately one quarter of households with children were estimated to be experiencing food insecurity in 2022** with families reporting buying less fruit and vegetables and reducing their use of cooking appliances¹⁸.

- Key challenges identified by Oxfordshire residents to maintaining a healthy diet were¹⁹:
- the **cost** of food; less healthy meals are perceived as being cheaper than cooking from scratch

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- **access to affordable fresh produce** can be difficult without a car, meanwhile **constant exposure to less healthy foods** through neighbourhoods, social media and advertising makes it easy for less healthy dietary habits to develop
- motivations for eating healthily include the rewards of cooking food for others, as well as **being exposed to healthy eating habits and a cooking culture in the home early in life**. Barriers to cooking include **limited time, difficulties of meeting everybody's preferences and limited ideas on what to cook** – this must contend with the convenience and variety of less healthy food, which is also consumed at time of poor mental health

- **With respect to physical activity** (PA), **almost half of school-aged children (49%) and approximately three in ten adults (28%) in Oxfordshire are not currently meeting the nationally recommended levels of PA¹⁴**. The proportion of children meeting nationally recommended PA levels and able to swim at least 25m unaided had been increasing up until 2019/20, however achievement against both these measures fell during the Covid-19 pandemic, particularly amongst children from less affluent families and boys from a Black ethnic background¹⁴.

- PA can be accumulated through active travel, active recreation (for example walking, using the gym and sports) or active living (where energy is expended during other everyday activities). Factors from the research literature associated with higher PA levels during childhood and adolescence include **capability for independent active travel or play without adult supervision** and **access to outdoor toys and green space**, meanwhile **environments that support active travel** are associated with higher PA levels across the life-course^{20,21}.

- In relation to active travel, **nearly 6 in 10 car trips nationally are made for journeys below 5 miles** suggesting significant potential to increase the use of active modes of travel for short journeys²². **Use of walking for travel** is high in Oxford City, and similar to the national average in the Vale of White Horse, but **lower in Cherwell, South Oxfordshire and West Oxfordshire¹⁴**.

- Exposure to green space (including parks, play spaces, green routes such as along canals) appears to be associated with a range of positive benefits to physical and mental health and there is some evidence that those living in greener urban environments may be more likely to meet nationally recommended PA levels²³. Data from 2015/16 suggest use of greenspace in Oxfordshire residents was comparable to that for England at that time²⁴. Community engagement identified **safety, accessibility issues**, and factors such as **lack of age-appropriate play equipment and gender-appropriate spaces in parks** as barriers to accessing existing greenspace²⁵.

- Taking part in active recreation was frequently mentioned by residents in the community engagement as supporting healthy weight and mental and social wellbeing. However, barriers included **difficulties in finding activities suited to their age and demographic group and preferences, cost and distance¹⁹**.

- **With regards to support for those living with excess weight**, **several weight management support programs are offered in Oxfordshire** for children and adults, as well as specific programs for adults living with a mental health condition(s) (Gloji Mind+), residents from a Black, Asian and Minority Ethnic background and for men. The HNA

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identifies some areas where current provision could be expanded for certain groups who are known to be at higher risk of excess weight or in whom excess weight is likely to have greater or longer-term health impacts (those with learning disabilities, women post-pregnancy and young people aged 12-18 years) and in relation to supporting new-parents-to-be with healthy weight-promoting behaviours during pregnancy.

- National recommendations advocate for use of a **'making every contact count' approach** to ensure those living with excess weight are self-aware of their weight status and receive brief intervention advice, including on how to access support services where appropriate²⁶. Every opportunity should be taken to embed this approach. Training to build confidence in having conversations is delivered by Achieve Oxfordshire.

- From community engagement, residents living with excess weight described feeling **stigmatised and judged because of their weight**¹⁹. Experiencing stigma has been shown to negatively impact attitudes and engagement in healthy-weight-promoting behaviours and participants' chances of losing weight through weight management support programs^{27,28,29}. All strategies, programs and communications should **follow national and evidence-based guidelines to avoid perpetuating weight stigma**³⁰.

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Appendix 3 - Draft recommendations from the Health Needs Assessment for Promoting Healthy Weight at time of paper submission

System: address healthy weight inequalities in everything we do	Prioritise actions based on, and measure progress against, addressing healthy weight inequalities
Prevent: To prevent excess weight, start early	<p>Collect up-to-date small area data on breastfeeding initiation and at 6-8 weeks to assess for inequalities in breastfeeding continuation within Oxfordshire</p> <p>Work with early years providers to assess current food provision against national guidance and understand facilitators and barriers to adhering to national recommendations</p> <p>Review the evidence on programs to prevent childhood obesity aimed at children aged 0-3 years (or their families) to understand if any have been demonstrated to have longer term impacts on enabling healthier diets and being more physically active in children and their families.</p> <p>Ensure a continued focus on increasing uptake of the Healthy Start scheme across Oxfordshire via the Oxfordshire Healthy Start working group action plan</p> <p>Implement a whole school approach to promote healthier eating and increasing physical activity in schools, prioritising areas with high excess weight prevalence amongst children (examples of nationally recommended initiatives are provided in the full report)</p>
Enable healthy weight by building healthy places and environments	<p>Use available levers to restrict advertising of less healthy food in public sector spaces and externally-owned spaces across Oxfordshire</p> <p>Use levers within licensing to increase exposure to healthier foods and limit exposure to less healthy foods in the retail food environment</p> <p>Use evidence-based levers to support and incentivise local food outlets to provide a healthier food offer</p> <p>Introduce planning policy to limit proliferation of less healthy food vendors</p> <p>Ensure Government Buying Standard-based criteria, particularly those relating to nutrition, are used in the procurement of food and catering services by public sector facilities</p> <p>Input into the planned assessment of the food offer from community food services in relation to how well it promotes a healthy diet, to help identify any initiatives which may help to improve the healthiness of their food offer</p> <p>Continue to promote implementation of the Local Transport and Connectivity Plan in District Councils</p>

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	<p>Seek funding to develop Local Cycling and Walking Infrastructure Plans in all market towns in Oxfordshire</p> <p>Sustain support for cycling and walking activation programs, especially aiming to increase engagement amongst those who are least active</p>
Prevent: Make healthy behaviours attractive to help them stick	<p>Review existing cooking-related training to ensure it is meeting the specific needs identified by residents during community engagement</p> <p>Support residents to find active recreation activities that they enjoy by using insights collected on their activity preferences to influence the activities that commissioners and providers prioritise providing</p> <p>Ensure information about programs that support physical activity (including what activities are available), healthy diet and weight management services is promoted to partners (for example Home Start volunteers, social prescribers) and the public</p>
Support those living with excess weight to recognise this and ensure equitable access to weight support services	<p>Ensure policies, strategies, communications, campaigns, and weight management programs delivered by OCC or by our system partners avoid perpetuating weight stigma</p> <p>Identify professional groups who have a high amount of contact with groups at high risk of excess weight and work with them to implement the MECC/brief intervention approach to excess weight, monitor the effectiveness of training where delivered</p> <p>Develop a clear healthy weight care pathway for children and adults across all ages and commissioning bodies</p> <p>Ensure support is provided for groups that experience a high prevalence of excess weight where gaps have been identified (ie learning disability, maternity)</p> <p>Ensure a co-production approach is used to embed service user (and potential service user) views in the design of weight management support services.</p>

Template for Health Improvement Board reports

Appendix 4 – Progress against the WSA to Healthy Weight Action Plan 22/23

Priority Area	Complete (22/23)	Underway	Next Steps
<i>Healthy weight environment</i>	Achieve Sustainable Food Places Silver Aware	Work towards county level Sustainable Food Places Gold award	
		Mapping/gap analysis of cooking & healthy eating across the County	<p>Develop approaches to increase and promote a healthier food offer in locality premises serving/selling food</p> <p>Explore opportunities for regulatory system to promote healthy weight environments*:</p> <p>Explore use of supplementary planning documents to inform consistent decisions related to new fast food outlet applications*.</p>
<i>Prevention; start well, live well and age well (primary prevention)</i>	<p>Promote Eat Them To Defeat Them campaign</p> <p>Academic year 21/22 = 53 schools signed up</p> <p>Academic year 22/23 = 40 schools signed up to date</p>	Gap analysis & recommendations for EY re infant feeding	Manage a suite of work on a whole school approach to food via a school food and physical activity advisor*
	Develop a physical activity strategy for Oxfordshire (AO presenting)	Improve uptake of Heathy Start vitamins & vouchers	Pilot School Superzones addressing wider environment surrounding schools on healthy weight, physical activity, air quality and personal safety*

Template for Health Improvement Board reports

Priority Area	Complete (22/23)	Underway	Next Steps
	<p>Review and implement Active Schools Framework with Oxfordshire schools to embed whole school approach to PA</p> <p>12 schools signed up in 21/22.</p> <p>Sign up for 22/23 academic year is targeted based on NCMP. 8 schools signed up, spread across City, Cherwell, South and Vale to date.</p>	Explore retail marketing behaviour change/social marketing approach to healthy weight for residents	
<i>Support for residents to achieve a healthy weight (early prevention)</i>	Adult Healthy Weight Service expanded to include diverse & multi-ethnic communities.	<p>Commission a Healthy Weight Support Service for 5-12 year olds (started July 2022 - mid-point review due 23/24).</p> <ul style="list-style-type: none"> • 108 booked on • 88 started course • Q2 - 71% maintained/reduced BMI • Q3 - 66% maintained/reduced BMI 	NCMP pathway review*
	Implement a weight management support pilot for children and their families	Develop healthy weight pathways for adults	Broaden weight management services (and prevention) to include maternity, learning disability and young adults and other gaps in current provision
<i>Working with partners to promote a healthy weight (systems approach)</i>	Undertake Healthy Weight Needs Assessment for Oxfordshire		Develop Healthy Weight Strategy with recommendations from HNA

Template for Health Improvement Board reports

Priority Area	Complete (22/23)	Underway	Next Steps
	Review community insight project to inform HW action plan and needs assessment		Adopt the Food Active HW Declaration across the system to drive work forward *
	Finalise action plan and re-form the core working group to take work forward	Review of core working group	Refresh the HW action plan with HNA recommendations included*

*Actions that require substantial buy in from District and System partners

Health Improvement Board

Helen Mariner – Deputy CEO, Active Oxfordshire

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Oxfordshire
**ON THE
MOVE**

Agenda Item 13

What is Oxfordshire on the Move?

- **Oxfordshire on the Move is a new social movement convened by Active Oxfordshire.** It is designed to bring together people, communities and organisations – working together towards **four collective ambitions** to transform lives through physical activity.
- By **working collectively together** to tackle inactivity, we can also contribute to wider social issues, too.
- So far, we have **worked with more than 75 organisations** to develop Oxfordshire on the Move and our four collective ambitions.
- Oxfordshire on the Move has launched county-wide in February 2023 and will encourage **strong collaboration and action** towards each ambition.

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Our collective ambitions

Ambition

1

We want every child facing barriers to activity to learn to swim, ride a bike safely, and have 60 active minutes every day.



Ambition

2

We want older people and those with long term health conditions to live well by moving more.



Ambition

3

We want to increase activity levels in places of high deprivation to level the playing field and help create healthy places to live.



Ambition

4

We want everyone to recognise the critical importance of being active for their mental health and wellbeing.



COMMON THEMES

**ASSET /
STRENGTH BASED**

**COMMUNITY
DRIVEN**

**INEQUALITY &
DISPARITY ACROSS
THE COUNTY**

**PANDEMIC
RECOVERY &
RENEWAL**

**OXFORDSHIRE
ON THE MOVE
ALIGNING
WITH
OTHER
STRATEGIES
IN THE
COUNTY**

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**COMMUNITY
HEALTH CARE
SERVICES
STRATEGY**

**COMMUNITY
MENTAL
HEALTH
FRAMEWORK**

**OXFORDSHIRE
CHILDREN &
YOUNG PEOPLE'S
PLAN 2018-23**

**OXFORDSHIRE'S
RECOVERY &
RENEWAL
FRAMEWORK**

**OXFORDSHIRE
SOCIAL
PRESCRIBING
STRATEGY**

**LOCAL INDUSTRIAL
STRATEGY &
STRATEGIC
ECONOMIC PLAN**

**OXFORDSHIRE
ON THE MOVE**

**OXFORDSHIRE
JOINT HEALTH
& WELLBEING
STRATEGY
2018-23**

**OXFORDSHIRE
PLAN 2050**

**OXFORD THRIVING
COMMUNITIES
STRATEGY**

**CHERWELL
COMMUNITY
WELLBEING
STRATEGY**

**OXFORDSHIRE LOCAL
TRANSPORT
CONNECTIVITY PLAN &
ACTIVE HEALTHY
TRAVEL STRATEGY**

**OXFORDSHIRE
VCS STRATEGY**

**BOB ICP'S
STRATEGIC
PRIORITIES**

PERSONALISATION

**SOUTH & VALE
WELLBEING
STRATEGY & ACTIVE
COMMUNITIES
STRATEGY**

**WEST OXFORDSHIRE
COUNCIL PLAN**

**PREVENTION
EARLY INTERVENTION**

Oxfordshire **ON THE MOVE**

PHYSICAL & MENTAL HEALTH & SOCIAL CARE

Mental ill health, especially amongst young people

- Deconditioning especially amongst older people
- Long term health conditions & waiting lists
- Childhood obesity
- Aging population & social care

EDUCATION & POSITIVE OUTCOMES FOR CHILDREN & YOUNG PEOPLE

- Early years
- Educational catch up & widening inequalities
- Cost of living especially for low income families

USING PHYSICAL ACTIVITY TO SUPPORT RECOVERY & WELLBEING

by tackling health,
educational, economic &
social inequalities in
Oxfordshire

ENVIRONMENT & TACKLING THE CLIMATE EMERGENCY

- Pollution & congestion
- Ageing & carbon intensive leisure facilities
- Access to the natural environment

STRONGER COMMUNITIES

- Loneliness and isolation
- Homelessness
- Voluntary sector strained
- Regular volunteering disrupted

ECONOMIC RECOVERY & INCLUSIVE GROWTH

- Workforce health impact on productivity and shortening working life
- Housing & growth infrastructure / Built environment for physical activity
- Employability (skills and health) of those outside the labour market

Progress so far

- 75 organisations and 120 individuals engaged
- Better connected systems operationally and strategically
- Interactive events co-delivered by partners to decide on specific actions against our four ambitions
- Voice of lived experience coming through strongly
- Cross sector collaboration leading to more joined up work



Partner feedback

“We could not be doing so many of the things we are doing without being part of Oxfordshire on the Move”

“It was so positive to see such a breadth of representation”

“I used to have four organisations I knew I could speak to, but we now have so many more partnerships through being part of Oxfordshire on the Move”

Monitoring and evaluation

1: System change level - evaluating system change, connectivity and influencing of strategies

2: Ambition level – look at current baseline data (for example CYP swimming in priority neighbourhoods) and then monitor the difference in 12 months' time



Next steps

- Regular engagement with partners to track progress against ambition actions
- County wide platform for action created through new website
- Steering group established to maintain core principles
- Evaluation framework being developed to track progress

Next steps

Request to HIB

- Active Oxfordshire would welcome a 6 monthly reporting mechanism with Health Improvement Board to report back on key headlines and progress
- Active Oxfordshire would welcome HIB to engage with steering group either informally or through a nominated representative



Thank you – any questions?

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