

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

21st November 2024

Report by Corporate Director for Public Health and Communities on Healthy Weight

1. RECOMMENDATION

The Committee is **RECOMMENDED** to

- a) Consider the contents of the report and put relevant questions to the Director of Public Health, Cabinet Lead Member and supporting officers (noting the contribution to the report from the ICB who will be in attendance)
- b) Note the key actions required and support their progression

2. Executive Summary

Living with excess weight poses a significant challenge to living a healthy life. It is one of the leading causes of preventable early deaths, increasing the risks for a wide range of health conditions, including Type 2 diabetes and some cancers. It is also associated with worse mental health and lower educational attainment in children and needing to take more sick leave in adults. On average living with obesity reduces someone's life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – by up to 10 years.

Reducing excess weight is a priority for Oxfordshire's Health Improvement Board and the Health and Wellbeing Board and was the focus of the Director Public Health Annual Report 22/23. A related Health Needs Assessment (HNA) in 2023 made more than 20 recommendations¹. This body of work led to a key change of focus to give a greater emphasis on eating more healthily and enabling this through the wider environment within which food purchasing and consumption occurs. The work happening in this space has previously benefited from the input of HOSC members as part of the HOSC meeting in Sept 2023

An Oxfordshire Whole Systems Approach (WSA) to healthy weight action plan is in place focussing on four key areas: prevention, healthy weight environment, support and system. Updated recommendations following the HNA gave a greater focus on prevention and wider changes to the environment to encourage and facilitate access to healthier food. It remains important to maintain an offer of effective support to people who are already experiencing excess weight.

It should be noted that the actions associated with a WSA to healthy weight are unlikely to have an immediate effect, requiring time and resource to implement and for sustainable change to be seen. To make significant progress input is required from a broad range of partners.

3. Background

3.1 Mortality and morbidity

In Oxfordshire, latest data shows that of four years olds entering Reception year, just less than one in five are overweight or obese, rising to around one third in year 6, and more than half of adults.

¹ Oxfordshire County Council (2023) Health Needs Assessment for Promoting Healthy Weight. Available [here](#)

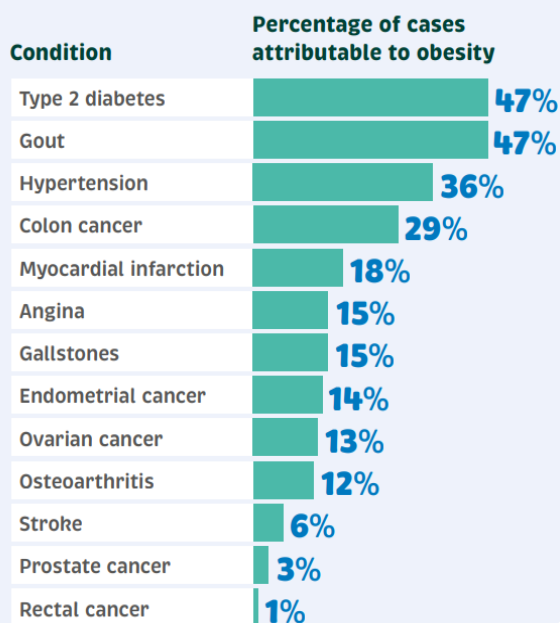
On average, obesity reduces someone’s life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – up to 10 years. Tackling the risk factors for obesity reduces the risk of more than 20 long term conditions, increases economic productivity and reduces demand on health and social care services.

As shown in Table 1 below, the risk of developing some diseases are much higher in people living with obesity. For example, there is a 12.7 times greater risk of developing Type 2 diabetes amongst women who are obese than women who are not. Table 2 shows the percentage of cases in England attributable to obesity.

Table 1: Relative risk factors for men and women living with obesity, compared to those not living with obesity, of developing selected diseases⁷.

Condition	Men	Women
Type 2 diabetes	5.2	12.7
Hypertension (high blood pressure)	2.6	4.2
Myocardial Infarction (heart attack)	1.5	3.2
Cancer of the colon	3	2.7
Ovarian cancer	N/A	1.7
Osteoarthritis	1.9	1.4
Stroke	1.3	1.3

Table 2: Percentage of cases in England attributable to obesity



Excess weight impacts negatively on both physical and mental wellbeing of children and adults as demonstrated in Figure 1:-

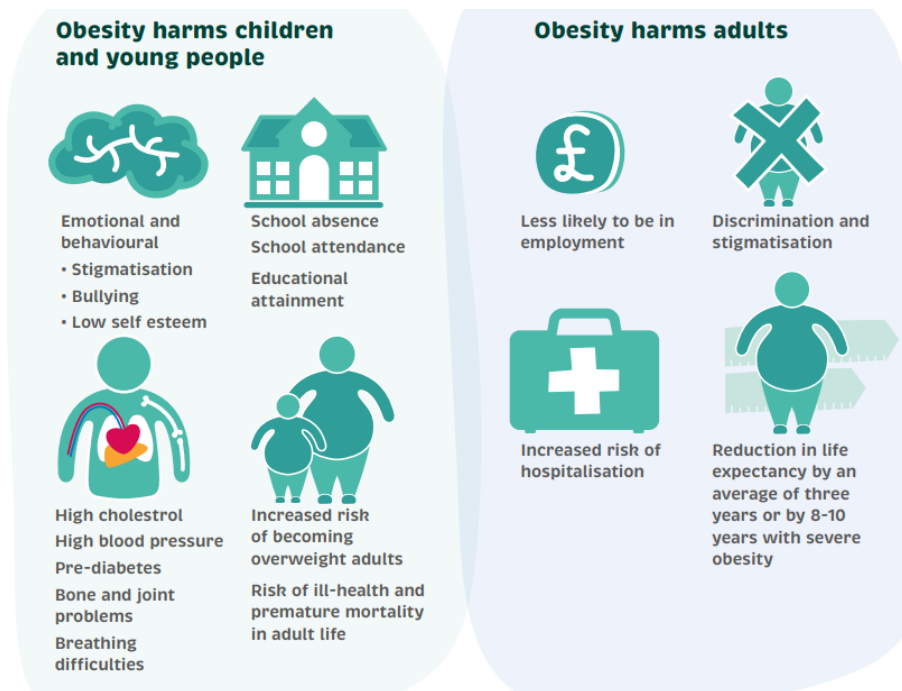


Figure 1: Obesity harms children and young people and obesity harms adults

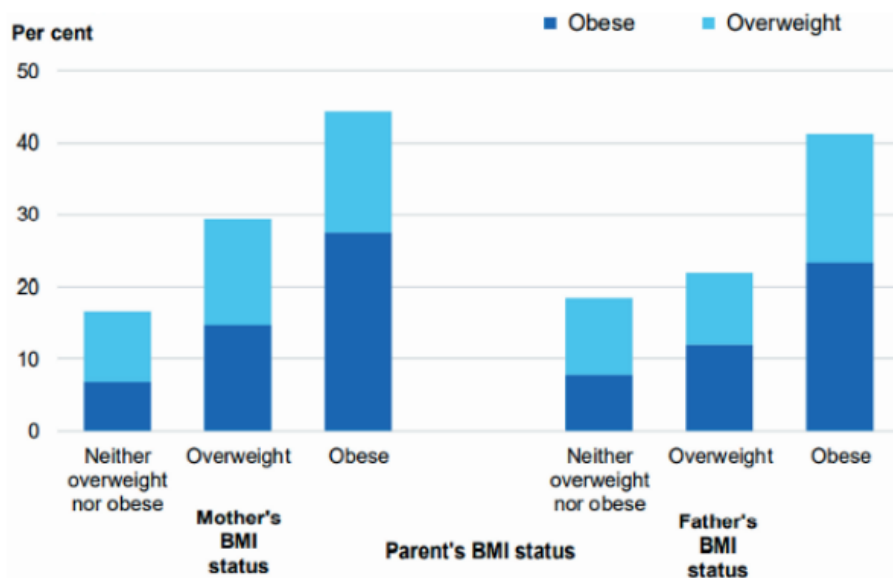
3.2 Pregnancy

The risks of unhealthy diets and obesity start before conception. Children living with obesity are five times more likely to become adults with obesity, and more likely to become parents with obesity in their turn. Experiencing excess weight in pregnancy is a risk factor for a number of health issues for women, their baby, and their childbirth experience. These include gestational diabetes and hypertension, pre-eclampsia, a large (or conversely a small) for gestational age baby, miscarriage, still birth and even death². There is an increased risk of needing medical intervention during childbirth, resulting in increased recovery time, challenges with breastfeeding and risk to bonding experience with their baby as well as poorer mental health outcomes.

Having parents that have increased BMI results in an increased risk of BMI for the child. Having an obese mother increases the child risk of experiencing excess weight by over 40%, see Figure 2.

² NICE (201) Weight management before, during and after pregnancy. Available [here](#)

Prevalence of excess weight in children by parental BMI status



Analysis based on data from 2019, the most recent year for which data are available.

Source: [Health Survey for England, 2019](#)

Figure 2: Figure showing increased risk of overweight for child according to weight status of mother and father

Local data found between March 2022 and Feb 2023, over 1900 pregnant women had a BMI of 30 or over at the time of booking in Oxfordshire (within the first 12 weeks of pregnancy).

3.3 The National Picture

3.3.1 Costs

The estimated annual costs of obesity in the UK are £58 billion, rising to £62 billion with unemployment benefits related to obesity are added³. This equates to around 3% of the UK GDP⁴. National costs of obesity on health services are estimated to be £6.5 billion and related to increased visits to GP, hospital admission rates and medications and community services⁵.

There are increased hospital and social care costs associated with obesity related conditions such as musculoskeletal, digestive disorders and circulatory diseases. In the UK, excess weight is strongly associated with higher annual rates of hospital admissions with over one million of these annually having obesity as a main or contributing factor.

3.4 A Summary of trend in Oxfordshire

In the previous report to HOSC detail was given about trend for the following groups in Oxfordshire; children, adults, adults in areas of deprivation, and pregnant women, noting there was a rise in rates of overweight and obesity during the COVID-19 pandemic.

³ Frontier Economics (2022) Estimating the full costs of obesity. Available [here](#)

⁴ ONS. 2022. Gross Domestic Product: chained volume measures: Seasonally adjusted £m - Office for National Statistics (ons.gov.uk) <https://www.ons.gov.uk/economy/grossdomesticproductgdp/timeseries/abmi/pn2>

⁵ PHE. 2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

3.41 Children

In Oxfordshire, latest data (23/24) shows that of 4 years olds entering Reception Year in Oxfordshire just less than one in five (19.3%) are overweight or obese, rising to around one third in year 6, (32%). Figures for year R fell in 22/23 remaining very similar in 23/24. For year 6 they fell a little from 34% to 31% then back to 32% in year 6. Figures for year 6 remain just above pre-pandemic levels (Table 3).

Oxfordshire	21/22	22/23	23/24
Year R	20%	19%	19%
Year 6	34%	31%	32%
Adult	60%	58%	-

Table 3- Oxfordshire children's obesity data from the National Childhood Measurement Programme 21/22 to 23/24

Overall, rates in Oxfordshire remain below the England average (figure 3).

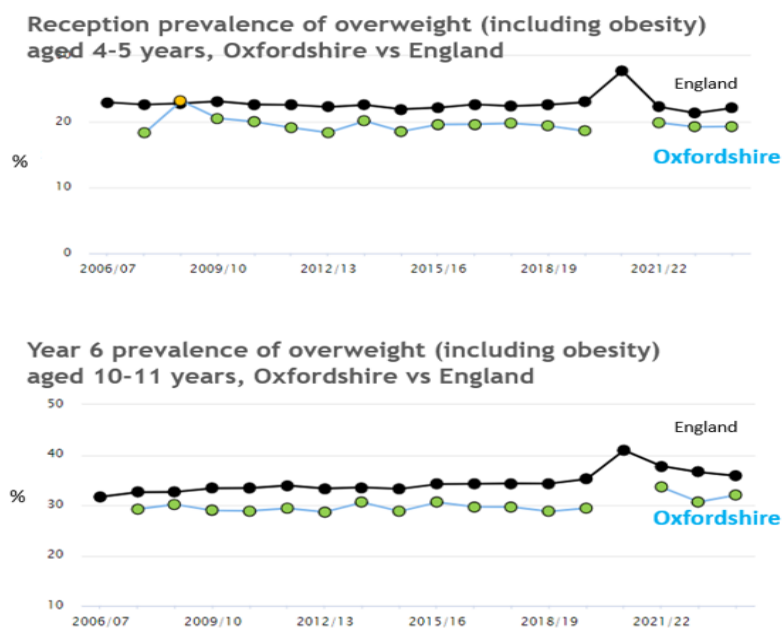


Figure 3: year on year prevalence of overweight and obesity in children and summary of recent data

As figures 4 and 5 show, there is some variation by District but changes this year are not statistically significant. Later in the inequalities section further detail will be given about smaller areas within Districts

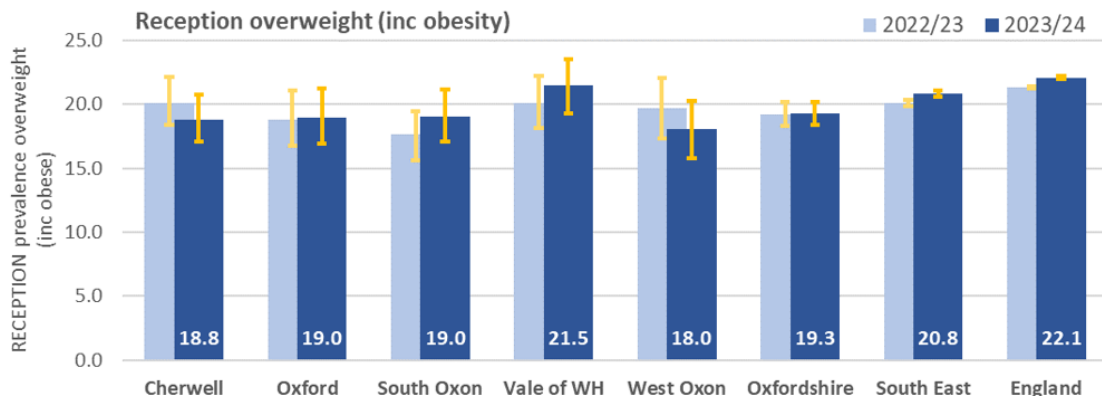


Figure 1: City and Districts reception prevalence overweight (inc obesity)

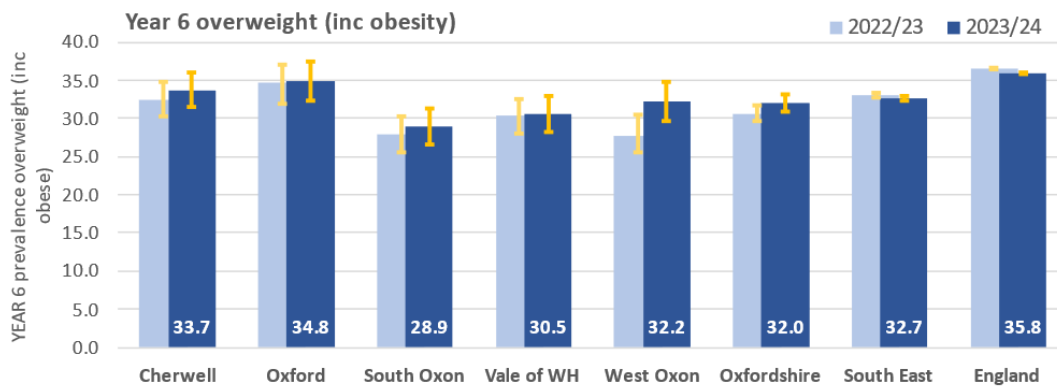


Figure 2: City and Districts year 6 prevalence overweight (inc obesity)

3.42 Adults

Overall, in Oxfordshire, latest data from the annual population survey (22/23) found 57.8% of adults to be overweight or obese, a reduction of around 2% from the previous year.

Figure 6 shows there is variation by District but all areas have more than half of their adult population living with excess weight with ranges from 53.9% (Oxford City) to 60.3% (South and Vale).

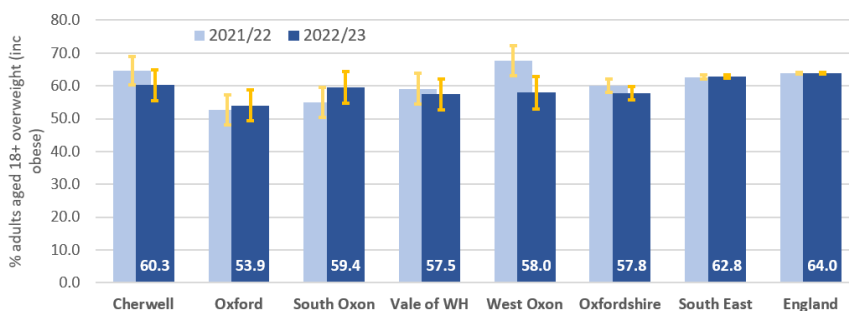


Figure 3: adults classified as overweight (inc obesity) across City and Districts

3.5 Inequalities

The differences in excess weight across Oxfordshire are likely to be due to a combination of both differences in socio-economic deprivation, ethnicity, as well as the age profile of people living in different parts of the county.

Some ethnic groups are more likely to experience excess weight. For example, national rates show 48.1% of black Caribbean and 49.6% of black African Year 6 children experiencing overweight or obesity, and 68% of black adults are overweight or obese.

While Oxfordshire's overall rates of overweight and obesity in childhood remain lower than the England average, some areas have similar (amber) rates than the England average overall and some have much higher (red) rates, see Figure 7. This year for year 6, four areas ranked worse than the England average. These areas with worse rates have featured over a long period of time. It is notable that Blackbird Leys and Greater Leys previously featured but we have seen a move for them from worse than to similar to England average this year.

Areas of Oxfordshire with the highest prevalence (%) of overweight including obesity (3 years combined to 2023/24)

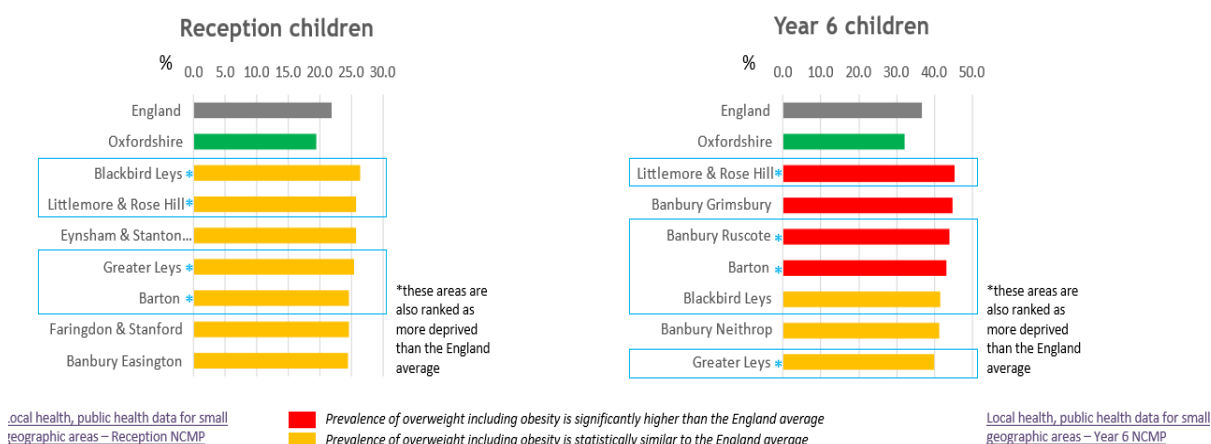


Figure 4- areas of Oxfordshire with the highest prevalence overweight including obesity

We know that areas of greatest socio-economic deprivation have residents with the lowest rates of fruit and vegetable consumption finding it harder to access healthier food locally but easier to access hot food takeaways.

While undertaking some work across the whole of Oxfordshire, over the past year we have honed down our approach to focus on specific geographical areas where there have been consistently worse levels of excess weight in children. This year the focus has predominantly been on Blackbird Leys/Greater Leys area.

Below is more detail about some of the programmes of work that will initially be focussed in these areas before being rolled out if they are positively evaluated: -

Good Food Retail Project: Delivered by a retail expert organisation to engage local convenience shops to offer healthier options to their customers. Shops are assessed against the 100 healthier lines framework, agree an action plan and receive free stock drops to trial. Phase 1 took place in Blackbird Leys where there is a price premium in local shops compared to Tesco of +30%. The number of healthier lines available increased by 19% and on average the stores stocked 12 more healthier lines. Evaluation as to the difference this has made to shopping habits is underway.

Strategic school food and physical activity advisor: Develop policy and programmes to encourage healthier eating and more physical activity for a whole school approach (and linked early years settings). To date the focus has been on engaging schools in priority areas, setting up a schools' forum and holding an Oxfordshire Schools Conference on healthy and active young

people bringing local cross sector (VCS, NHS and Education) and national partners together (Youth Sports Trust, Veg Power) .

School Cooking project: To develop and deliver an interactive school-based cooking programme in priority areas in Oxfordshire linking to wider community (in line with best practice). Working primarily with Primary (Year 5 and 6) and linked Secondary Schools. To commence Nov. 2024.

A ‘Healthier out of Home’ post: In Trading Standards, working on identifying what support can be provided to existing businesses supplying food in the takeaway industry to support a healthier offer that meets both business and health needs.

Healthy Weight in Early Years: Our new healthy weight provider will be piloting a programme called HENRY (Health Exercise and Nutrition for the Really Young) in Early Years settings.

4.0 Oxfordshire’s Whole Systems Approach to Healthy Weight

The causes of excess weight are complex, resulting less from individual behaviours and more from the many factors which collectively make up an obesogenic environment. No single organisation has the knowledge tools or power to solve it and so a ‘whole system’ approach is needed to make change happen. Actions will not show immediate affect and may time some time to implement and for change to be seen. Following the HNA (2023) the Oxfordshire WSA action plan (appendix) was refreshed.

An overview of the process towards the development of WSA was noted in the previous update to HOSC and is summarised in the table below.

July 2019	Guidance towards a Whole System Approach to Obesity Issued ⁶ . Oxfordshire Health Improvement Board endorse WSA for Oxfordshire
2020/21	More than 125 stakeholders in Oxfordshire work together towards a collective approach to developing Oxfordshire WSA
2022/23	Health Needs Assessment completed by public health Healthy Weight Needs Assessment 2023 Full report Oxfordshire Insight
2023	Whole Systems Approach action plan refreshed (appendix) . Outcomes influence Health and Wellbeing Strategy for Oxfordshire.

Actions in the WSA action plan centre around the below four areas of focus. While acknowledging the importance of continuing to provide evidence-based comprehensive support services to help residents living with overweight and obesity to be a healthy weight, increased focus is needed on the wider healthy weight environment.

⁶ PHE (2019) Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight. Available [here](#)

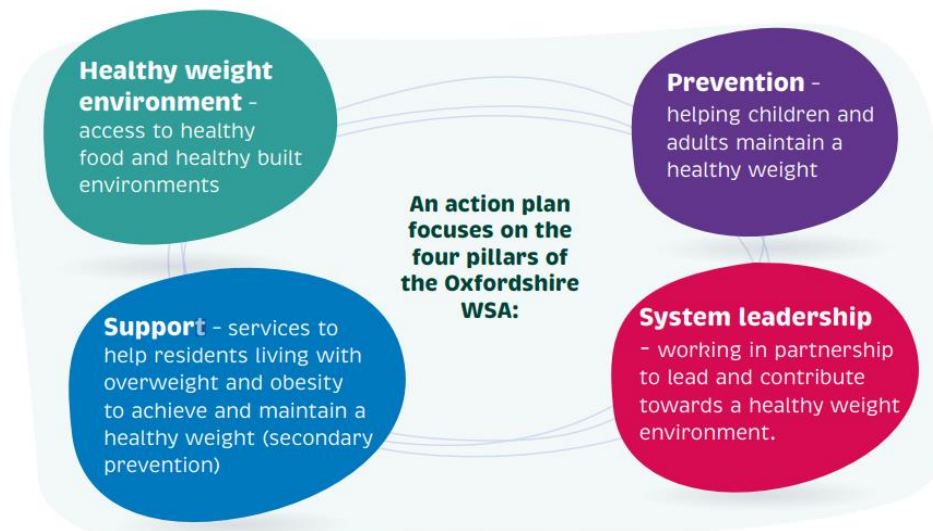


Figure 5: Figure showing the four pillars of the whole system approach to healthy weight for Oxfordshire

Progression of the WSA is reported to the Oxfordshire Health Improvement Board and actions are reflected in the new Health and wellbeing Strategy for Oxfordshire 2024-2030. Particularly notable in the Health and Wellbeing Strategy are the priorities, ambitions and actions below:-

Priority 3: Healthy people and healthy places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Our ambitions

Between now and 2030, we want to see:

- Improved access to healthy food, especially in priority neighbourhoods.
- Whole school approaches to food and healthy weight.
- Effective implementation of Oxfordshire's Food Strategy.

Immediate actions

- Where possible shift the environment toward being more healthy – advertising healthy options, and explore the feasibility of restricting new hot food takeaways.
- Improve uptake of Healthy Start initiative and ensure support is in place for key groups like pregnant women.

In the appendix we present a more detail on the work in plan and progress at 2024.

The remaining focus of this report is on two areas of the whole systems approach: 'Support' and 'Healthy Weight Environment'.

4.1: A summary of policy initiatives to support a healthy weight environment.

“When we live surrounded by fast food outlets, and nearby shops sell limited healthy food - and it's more expensive - it makes it harder to eat well. This can lead to poorer health.”

The healthy weight action plan highlights the need to change the healthy weight environment, A key element to note in this area of work is that in areas of greatest deprivation children are flooded by views of and access to unhealthy food. In these areas access to hot food takeaways and views

of adverts advertising high fat salt and sugar products are disproportionately prominent. As described in section 3.5, the Good Food Retail Project and the 'Healthier out of Home' work have been designed to intervene in this issue and we expect to roll out beyond Blackbird Leys in future.

In addition there are a variety of opportunities to tackle this is at District/City Council level through distinct policy areas

- **Local Plans:** restricting the number of new hot food takeaways in high prevalence geographical areas or close to schools
- **Healthier Advertising Policies** to promote healthier food options over foods that are high in fat salt and sugar.
- **Street Trading Policies** considering proximity to schools during opening times



Figure 6: impact of takeaway management zones

Local Plans

Nationally, one in four places to buy food are fast food outlets, and almost one in five meals are eaten outside the home⁷. Out-of-home meals contain significantly higher intakes of sugar, fat and salt and portion sizes tend to be bigger, as well as usually being cheap and easily available⁸. There is robust evidence linking availability of fast-food outlets to excess childhood weight.

In January 2024, Oxfordshire had 513 takeaway food outlets^[4]. In some areas of Oxfordshire there are more than double the number of takeaway outlets per 1000 population than the England average. Takeaway outlets tend to be located closer to people's homes in the most deprived wards of the county where we see the highest levels of obesity^[5] and in some of our areas with the highest levels of childhood obesity, fast food outlets are shown to be frequently located within 400m of primary and secondary schools.

More than half of local authorities in England now have planning policies in place to address the proliferation of hot food takeaways. Recent work being undertaken by the City and District Councils to renew their Local Plans has provided an opportunity to engage with local planning teams to include such policies for Oxfordshire. A number of conversations have taken place with planners and other influential council staff about scope for including a policy that restricts clustering of new hot food takeaways and information bespoke to each District has been provided.

The current situation is that despite the provision of detailed information including evidence to support these policies, planners in most Districts have been reluctant to include such a policy and may have been influenced by the nature of the National Planning Policy Framework against which local plans need to be aligned. In the regulation 19 versions of their Local Plans both the City Council and South & Vale District Councils have decided not to include such a policy. Cherwell have a draft policy as one of its preferred policy options and we are awaiting confirmation that it

⁷2022-23 Director of Public Health annual report | Oxfordshire County Council

⁸Health matters: obesity and the food environment - GOV.UK (www.gov.uk)

^[4]^[4]Feat (feat-tool.org.uk)

^[5]2022-23 Director of Public Health annual report | Oxfordshire County Council

has been included in the in the final Plan due for publication in December 2024. We are continuing to work with West Oxfordshire District Council to try and influence their Plan.

Healthier Advertising Policies

The advertising of unhealthy food has been shown to drive over-consumption. “Food marketing and advertising promotes consumption of what is available ... That intake is not compensated for, so when children snack in response to food marketing, they do not then consume less at the next eating opportunity to balance out their energy intake; additional energy is added. Research has found have shown that to be somewhere in the region of 50 additional calories. We know from epidemiological evidence that it takes somewhere between only 40 and 70 additional calories per day to contribute to weight gain in children⁹

For children growing up in this frenzy of advertising, exposure to HFSS products normalises these highly processed, unhealthy foods and drinks and research shows this influences their food choices¹⁰. HFSS marketing is linked to a strong preference for HFSS products,¹¹ more snacking¹², eating more calories¹³ and HFSS products replacing healthier foods¹⁴, leading to lower consumption of fruit and vegetables and higher sugar content.

Over the last few years, local authorities across the UK have shown an interest in introducing Healthier Food Advertising policies in their own advertising spaces with twenty known to have policies in place. Evidence shows this does not negatively affect income from advertising.

The aspiration is for Oxfordshire County, City and Districts Councils is to have healthier advertising policies in place that promote healthier food options over foods that are high in fat, salt and sugar. It does this by switching the spotlight away from unhealthy food across council owned advertising spaces (phone boxes, billboards, roundabouts, lampposts) and through council advertising contracts.

In Oxfordshire, Oxford City Council are retendering their bus stop advertising contract with appropriate criteria to discourage HFSS advertising and are currently exploring how they might implement an overarching policy. Work is ongoing across other Districts with a key challenge being identifying who would lead on such a policy.

In order to further progress both of the above, this area of work will be reviewed at the Health and Wellbeing Board as it progress the implementation of the new Health and Wellbeing Strategy.

⁹ Recipe for health: a plan to fix our broken food system, quote from Professor Emma Boyland committees.parliament.uk/oralevidence/14569/html/ evidence food, diet and obesity, March 2024. Available [here](#).

¹⁰ Ferguson CJ, Muñoz ME, Medrano, MR. Advertising Influences on Young Children’s Food Choices and Parental Influence The Journal of Paediatrics. 2012; 160(3):452–455.

¹¹ Boyland EJ, Harrold JA, Kirkham TC, Corker C, Cuddy J, Evans D, Dovey TM, Lawton CL, Blundell JE, Halford JCG. Food commercials increase preference for energy-dense foods, particularly in children who watch more television. Pediatrics. 2011; 128(1):93-100

¹² Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JCG, Robinson E. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. American Journal of Clinical Nutrition. 2016. 103:519-533

¹³ Boyland EJ, Whalen R, Christiansen P, McGale L, Duckworth J, Halford J, Clark M, Rosenberg G, Vohra J. See it, want it, buy it, eat it: how food advertising is associated with unhealthy eating behaviours in 7-11 year old children [online]. Cancer Research UK. 2018

¹⁴ Thomas, C, Hooper L, Petty R, Thomas F, Rosenberg G, Vohra J. 10 years on: New evidence on TV marketing and junk food consumption amongst 11–19-year-olds 10 years after broadcast regulations [online]. Cancer Research UK. 2018

4.2 Support for individuals in Oxfordshire to achieve a healthy weight

It remains important to provide support for people with excess weight to reach a healthier weight. Detail of the current situation in Oxfordshire is below.

Services for individuals who need support to reach a healthy weight are split into four tiers as depicted in figure 10.

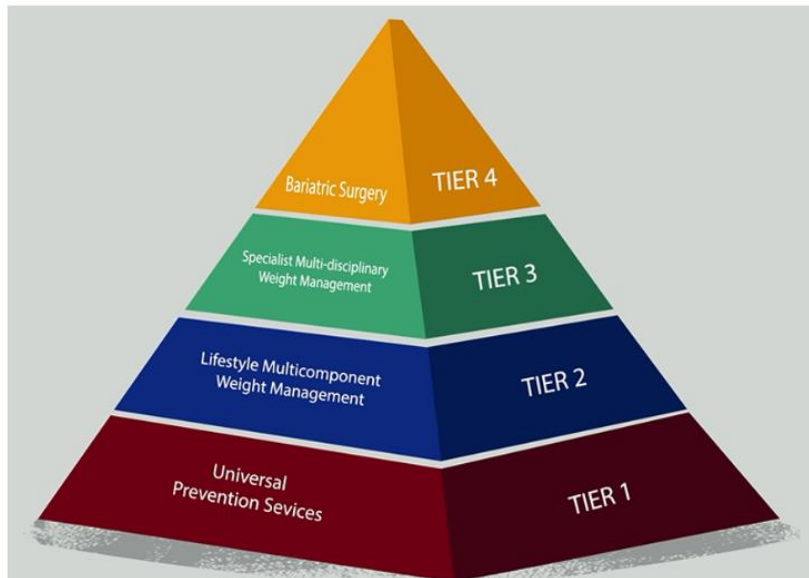


Figure 7: healthy weight tiers for individuals who need support

Local authorities are responsible for commissioning tiers 1 and 2. ICB'S are responsible for commissioning tiers 3 and 4.

Tier 1 includes “Behavioural – Universal interventions (prevention and reinforcement of healthy eating and physical activity messages) . Tier 2: time limited lifestyle weight management services which include community-based diet, nutrition, lifestyle and behaviour change support, normally in a group setting environment. All services are developed and delivered in line with National Institute for Healthcare Excellence (NICE) Guidance.

From September 2024 a new all age healthy weight service, BeeZee Oxfordshire is in place [Home Page - Free Healthy Lifestyle Services | Oxfordshire](#). The previous service was an adult only service though a service for children aged 4–12-year-olds was piloted with good outcomes. The new service has capacity to work with 5000 adults and 200 children and families. People can refer themselves or be referred if they have a BMI over 28 (or lower for some ethnic groups and some co-morbidities).

- BeeZee Families: a 12-week family focused programme (online or in person) with fun activities and expert support on nutritious snacks, easy meals and getting active,
- BeeZee adults: designed to help adults lose weight in a healthy way and keep it off for good.
- Gutless: a bespoke programme developed for men recognising the challenges they face when managing their health and fitness.
- Slimming World: offers members support, commitment and accountability to help boost happiness, self-esteem and slimming success.

From 2025 a staged approach to piloting the following will be delivered all of which will be co-produced.

- Early years and maternity
- Young people aged 13-18
- Ethnic Minority groups
- Mild-moderate mental health conditions.

Tier 3 and Tier 4 weight management services are commissioned by BOB ICB. The following update has been provided by ICB colleagues.

Tier 3 specialist weight management services are recommended by NICE to manage obesity, prevent further complications of excess weight and need for bariatric surgery. They are not a statutory requirement. A Tier 3 specialist weight management service is a multi-disciplinary team approach to weight management including dietitian, medical, psychological, and physical activity professionals. Programmes are typically 12-month programme and until recently they were a prerequisite for a patient to be eligible for bariatric surgery, however this guidance has recently changed and this is no longer the case for providers contracted by BOB ICB.

Oxfordshire residents can access the tier 3 service at Luton and Dunstable hospital. Patients can be referred to the service if they meet the following criteria:

- Has a BMI of over 35* with obesity related co-morbidities, have failed to lose weight and maintain weight reduction within Tier 1 and Tier 2, despite engagement and compliance
OR
- Has a BMI of over 40* without specified co-morbidities, and only after failure of Tier 1 and Tier 2 services, despite engagement and compliance.

In the last financial year approximately 200 patients from Oxfordshire entered the Luton and Dunstable service. There is currently a waiting time of 8 months for a patient to commence the programme.

Within this service, eligible patients can be offered medications for weight loss (Wegovy and Saxenda) although these medications are currently prioritised as a phased approach to NICE guidance. Only very high priority patients for whom weight loss medications can offer greatest benefit will be eligible for medications such as Wegovy and Saxenda at Luton and Dunstable.

Medications prescribed for weight management and obesity is a rapidly evolving area. Last year, NICE approved the use of Semaglutide (Wegovy) for adults with a BMI of at least 35 and one weight-related health condition (such as diabetes or high blood pressure). Both Wegovy and Saxenda are not available for prescription from primary care as they require specialist weight management services including nutrition, physical activity and behaviour change support. We are aware that our primary care services are experiencing frequent request for medications. The ICB is currently considering how they develop a pathway for these medications and are mindful that further drugs will be approved by NICE later this year. NHSE are considering funding and support for ICBs to implement pathways for medications as it is acknowledged that the demand has significant resource implications.

There are national providers of the tier 3 services who are not commissioned by the ICB, yet provide remote tier 3 weight management including provision of weight loss medications services to patients in line with National Guidelines and the NHS Constitution. GPs in BOB ICB can refer residents who meet the criteria to a remote specialist tier 3 weight management service should they invoke their right to choose.

To compare across BOB, the ICB commissioned a Tier 3 service in Buckinghamshire. This has capacity for 116 patients per year and currently has a waiting list of 300 patients (24 month wait). Berkshire West does not have access to a local service commissioned by the ICB.

Tier 4

The Tier 4 bariatric surgery service at Oxford University Hospital is no longer active. Oxfordshire patients are referred out of county, commonly to Royal Berkshire Hospital, Luton and Dunstable or Ashford St Peter. The ICB is progressing a provider collaborative model which proposes to include a hub and spoke model for bariatric surgery with Royal Berkshire Hospital leading the service across BOB with the priority of making services more equitable and consistent.

For children and young people, the ICB are delivering a national pilot for Complications from Excess Weight (CEW) clinics from Helen and Douglas House (OUH). This is a holistic approach to treating conditions related to obesity in children and young people (CYP). There is capacity for 40 patients across BOB.

The three aims of the service are to:

- Identify the factors involved in the development of severe obesity. Assessment should be holistic with equal consideration for mental health, physical health and social needs.
- Treat complications associated with severe obesity and coordinate / refer onto other services where required.
- Consider an individualised holistic plan. This may include interventions such as family-based therapy, behavioural coaching, dietary strategies, and mental health support. This aims to address health inequalities by considering culturally appropriate factors and a personalised approach.

Children receive holistic treatment and person-centred care packages developed with their family, which could include mental health treatment, coaching and advice around a healthy diet

The ICB recently explored a deep dive into weight management services across BOB ICB and has recommended that they work closely with public health colleagues to prioritise a preventative approach to healthy weight especially amongst families, children and young people. It is also proposed that the ICB's strategic commissioning directorate lead a workstream to explore the transformation of our weight management services.

5 Corporate Policies and Priorities

This report reflects priorities both in the Oxfordshire County Council Corporate Plan and Oxfordshire Health and Wellbeing Strategy.

Climate action – physical activity contributes towards a healthy weight with active travel (walking and cycling) being an element of this. Takeaway food contributes to additional waste and littering. can contribute to additional waste and littering.

Tackle inequalities – excess weight affects some communities, particularly those in areas of socio-economic deprivation and people of black, Asian and ethnic populations more than others.

Prioritise the health and wellbeing of residents – becoming a healthy weight supports residents to reduce their risk of long-term conditions such as diabetes, cardiovascular disease and musculoskeletal issues, resulting in improved chance of longer, disability free, life

Support carers and the social care system – adults aged 65 and over with a BMI of 40+ are over twice as likely to use formal social care than a person with a BMI in the healthy range¹⁵. Social care costs are estimated to be a total of 12% of the overall costs obesity to the UK system (data not available at an Oxfordshire level).

Preserve and improve access to nature and green spaces – reducing the proliferation of fast food outlets will support reduction in associated litter/waste that is often not biodegradable. It would also support a more diverse high street in large villages, towns and Oxford City.

Create opportunities for children and young people to reach their full potential – habits and behaviours formed during early years (first 1000 days) influence those into later life¹⁶. Experiencing excess weight as a child means they will be twice as likely to becoming overweight/obese in adulthood¹⁷ and associated health risks, as well as reduce attainment within school, and impact poorly on mental health and wellbeing.

Work with local businesses and partners for environmental, economic and social benefit – healthy weight is everyone's business as demonstrated by a systems wide approach. There is opportunity to make environmental and social change to local communities through the identified environmental actions addressing fast-food proliferation, improving access to healthier, affordable food (particularly in areas of socio-economic deprivation) and supporting healthier food (vs high fat salt sugar). Creating a more diverse high street will further support the economic benefit of local places.

6. Financial Implications

Funding for the Tier 2 healthy weight services, as well as other initiatives (Healthy Start social marketing, School Food Advisor, creating Active Schools Framework, some physical activity programmes) comes from the ringfenced Public Health Grant. Other partner organisations fund their healthy weight work directly and partnership work across the system takes officer time/resource.

¹⁵ LGA (2020) Social care and obesity. Available [here](#)

¹⁶ UNICEF (2013) The first 1000 days of life: The brain's window of opportunity. Available [here](#)

¹⁷ Singh et al (2008) Tracking of childhood overweight into adulthood: a systematic review of the literature. Available here <https://doi.org/10.1111/j.1467-789X.2008.00475.x>

4. Appendices

6.1 Appendix 1: Recommendations from Healthy Weight Health Needs Assessment



20230824 HNA
Recommendations Su

6.2 Appendix 2: Whole systems approach to healthy weight action plan 23/24



20230823 WSA
Action Plan Summary,

6.3 Appendix 3: Oxfordshire WSA To excess weight: Work undertaken or in progress update 2024



Oxfordshire WSA To
excess weight underta
