

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

21st SEPTEMBER 2023

## Report by Corporate Director for Public Health on Healthy Weight

### 1. RECOMMENDATION

The Committee is **RECOMMENDED** to

- a) Consider the contents of the report and put relevant questions to the Cabinet Lead Member and supporting officers.
- b) Note the key actions required and support their progression
- c) Recommend any additional actions for progressing this work

### 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.

Excess weight also comes with high social costs due to its impact on residents' quality of life and increased need for health and social care, costing an estimated 3% of the UK's GDP.

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 comprehensive Health Needs Assessment (HNA) (2023) focussing on excess weight was recently undertaken and made more than 20 recommendations<sup>1</sup>. A key change is the focus required on eating more healthily and enabling this through the wider environment within which food purchasing and consumption occurs. While physical activity is an important component of maintaining a healthy life, including to maintain healthy weight, it is primarily excess calories through food consumption that cause excess weight.

The initial development of an Oxfordshire Whole Systems Approach (WSA) to healthy weight coincided with the COVID-19 pandemic. An action plan was already in place and has now been refreshed following the publication of the HNA. There is a focus on four key areas: prevention, healthy weight environment, support and system leadership. The recommendations have shifted a greater focus towards prevention and wider changes to the food environment though it is still important to maintain an offer of effective support to people who are already experiencing excess weight. Input is required from a broad range of partners for progress to be made, particularly with environmental related actions.

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

### 3. Background

#### 3.1 Mortality and morbidity

In Oxfordshire our latest data (21/22) shows that of 4 years olds entering Reception Year, one in five (20%) are overweight or obese, rising to over one third in year 6, (34%) and 60% in adulthood. These figures have risen over recent years, particularly during the pandemic.

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 such as diet and physical activity 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 Figure 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 and a high proportion of some conditions are attributed to obesity (Figure 2).

**Table 1: Relative risk factors for men and women living with obesity, compared to those not living with obesity, of developing selected diseases<sup>7</sup>.**

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

Figure 1: Figure showing relative risk of living with obesity vs a healthy weight for developing disease

**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%

Figure 2: Figure showing percentage of cases in England attributable to obesity

Excess weight impacts negatively on children and adult's health and wellbeing outcomes as demonstrated in Figure 3 and 4 respectively below:-

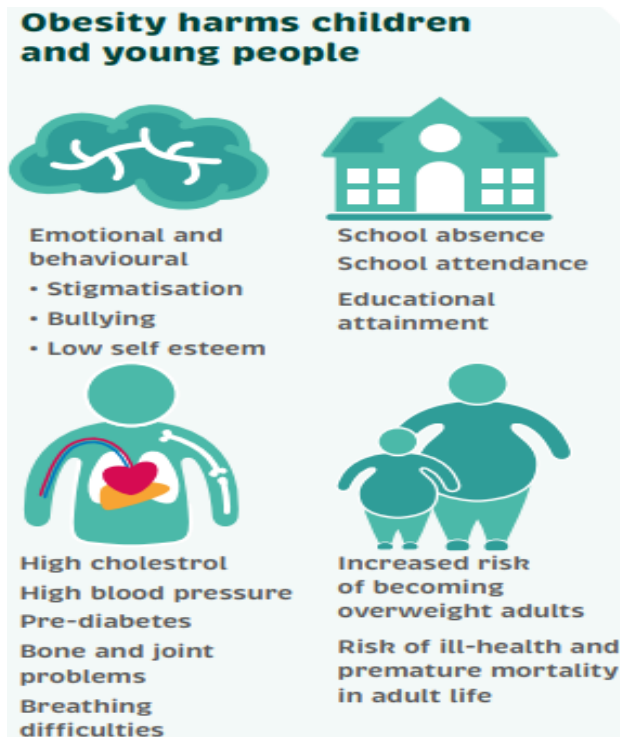


Figure 3: Figure showing health and wellbeing outcomes of experiencing overweight and obesity in childhood

## Social impacts of living with excess weight in adults



Adapted from [Adult obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health)

Figure 4: Figure showing social impacts of living with excess weight in adults

### 3.2 The National Picture

#### 3.2.1 Costs

The estimated annual costs of obesity in the UK are £58 billion, rising to £62 billion with unemployment benefits related to obesity are added<sup>2</sup>. This equates to around 3% of the UK GDP<sup>3</sup>. 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 services<sup>4</sup>.

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.

The report by the Government Office for Science's Foresight Programme, 'Tackling Obesities: Future Choices'<sup>5</sup>, identified more than one hundred variables that influence weight from biological factors, early life experiences, education, media, food production and supply, macroeconomic drivers, built environment, transport, nature of work and healthcare, identifying no single intervention can reverse the trends of increasing excess weight. This led to recognition that a systematic programme of multiple interventions and wide-ranging partnerships (known as a 'whole systems approach') is required to successfully reduce levels of excess weight. In July 2019 the concept of the Whole System Approach to Healthy Weight was introduced nationally.

<sup>2</sup> Frontier Economics (2022) Estimating the full costs of obesity. Available [here](#)

<sup>3</sup> 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>

<sup>4</sup> 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf)

<sup>5</sup> Government office for Science (2007) Foresight: Tackling Obesities: Future Choices – Project Report. Available [here](#)

### 3.3 Trend in Oxfordshire

Nationally there was a rise in rates of overweight and obesity during the COVID-19 pandemic which was reflected in Oxfordshire.

As aforementioned, in Oxfordshire on entering reception, one in five children (20% in 21/22) are overweight or obese, rising to over one third in year 6, (34% in 21/22) and 60% in adulthood. These figures have risen over recent years, particularly during the pandemic.

There is variation by District with greatest numbers of excess weight amongst **adults** ranging from 48% in Oxford City Councils geography to 66% in Cherwell District Council (see Figure 5 below).

**Percentage of adults (aged 18+) classified as overweight or obese, 2020/21**

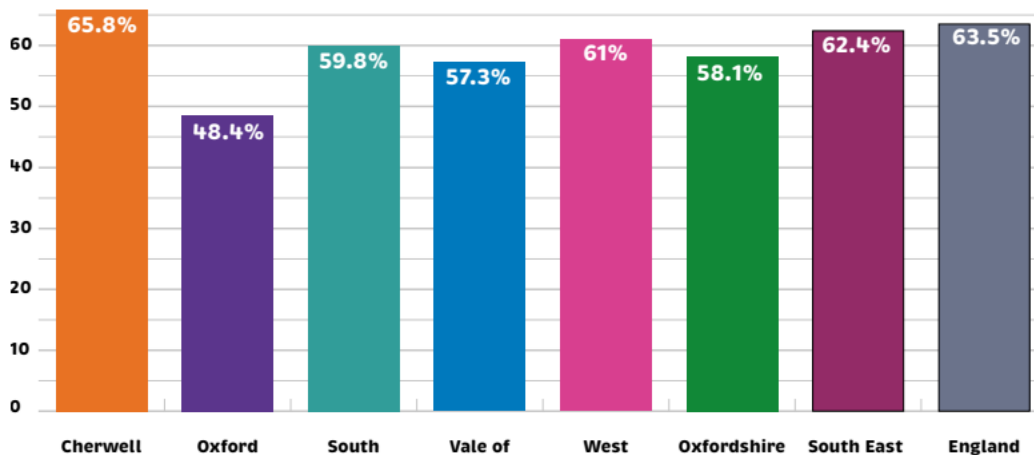


Figure 5: Bar chart showing percentage of adults (aged 18+) classified as overweight or obese by District, County, Region and England

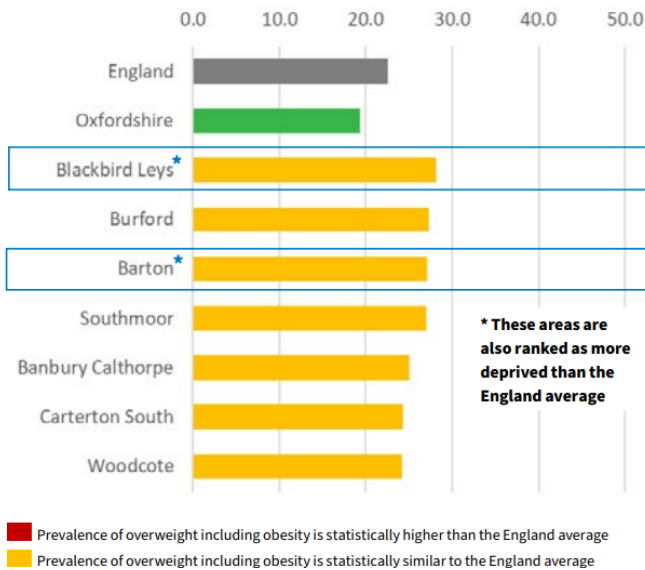
### 3.4 Inequalities

The percent of people living with excess weight is rising and this is particularly affecting our most deprived and disadvantaged communities. The differences in adult 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 are lower than the England average, some areas have similar (amber) or even higher (red) rates than England overall (Figure 6 below).

**Areas of Oxfordshire with the highest prevalence of overweight including obesity, reception children**  
(combined years 2019/20 - 2021/22)



**Areas of Oxfordshire with the highest prevalence of overweight including obesity, year six children**  
(combined years 2019/20 - 2021/22)

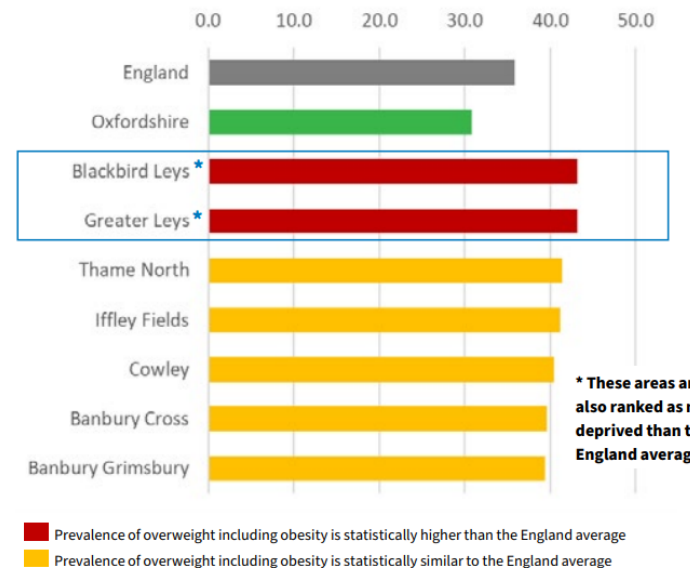


Figure 6: Tables showing Oxfordshire wards with highest rates of overweight and obesity in Reception and Year 6, including some more deprived than the national England average

When we look in more detail there are clear inequalities in excess weight that need to be considered when focussing our work. For example, for children in year 6 the rate of those who are overweight in Oxfordshire averages 34% but ranges from 15% in Shiplake (South Oxfordshire) to 43% in Blackbird Leys (Oxford City).

There appears to be a strong gradient difference in the least to most socio-economic deprived areas for excess weight, but caution is required as we cannot say that every deprived area also has the highest rates of excess weight (see Figure 7 below).

**Gap between the five most and five least deprived areas in Oxfordshire for percentage of children overweight including obese**  
(combined years 2019/20- 2021/22)

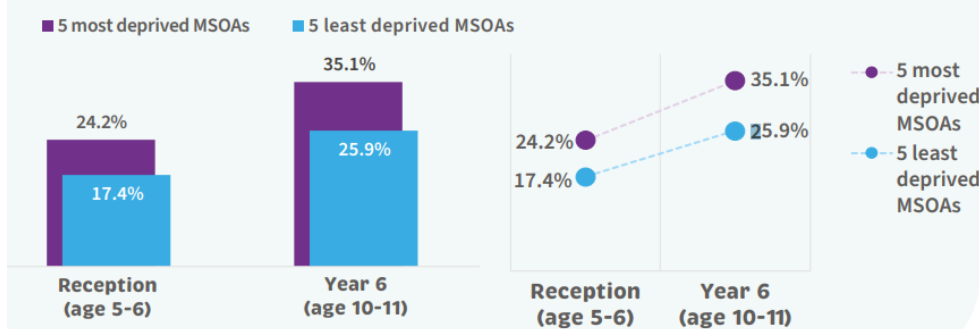
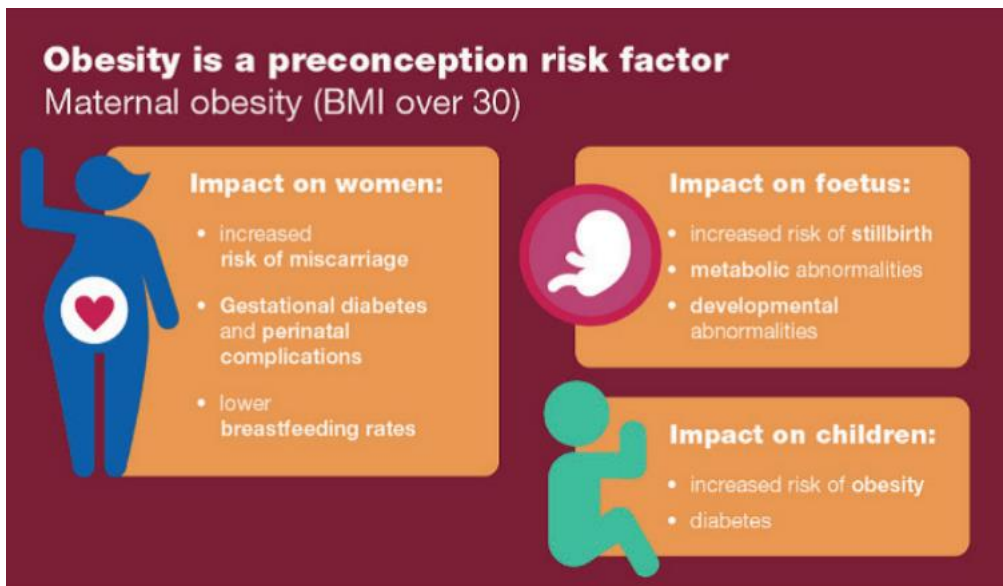


Figure 7: Figure showing gap in five most and least deprived areas for Oxfordshire for % of children overweight/obese

In addition to the above statistics, we know that areas of greatest socio-economic deprivation have residents with the lowest rates of fruit and vegetable consumption and have easier access to fast food (often high in calorie, salt, sugar, fat and portion sizes) due to a higher density of fast-food outlets within these areas.

### 3.5 Pregnancy



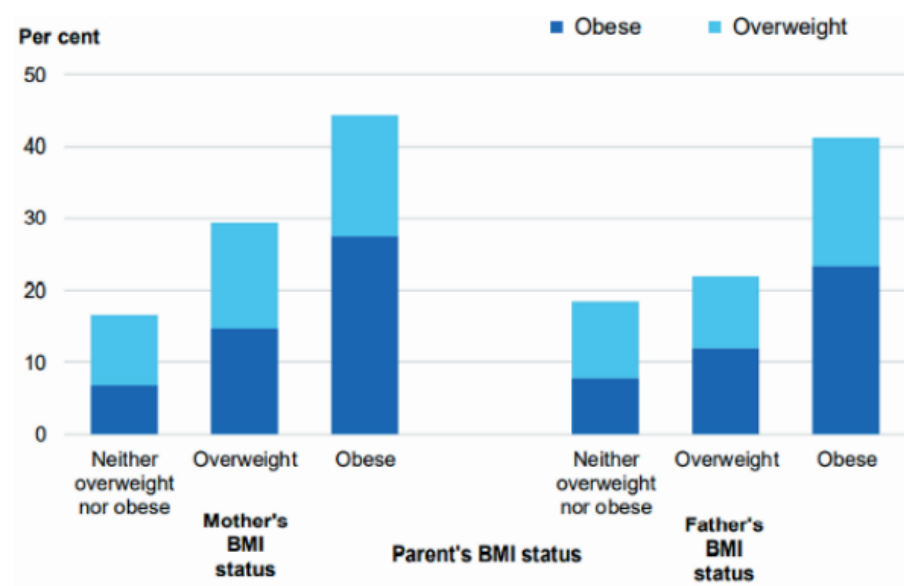
Source: [OHID guidance Health matters: Prevention - a life course approach](#)

Figure 8: Figure showing health outcomes for women and their offspring when experiencing antenatal obesity of BMI>30

Experiencing excess weight in pregnancy is a risk factor for a number of health issues for women, their baby, and their childbirth experience (see Figure 8 above). These include gestational diabetes and hypertension, pre-eclampsia, a large (or conversely a small) for gestational age baby, miscarriage, still birth and even death<sup>6</sup>. 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 9.

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

<sup>6</sup> NICE (201) Weight management before, during and after pregnancy. Available [here](#)

There are prevailing cultural myths around energy and physical activity requirements during pregnancy; however, guidance suggests an additional 200 calories per day are required only in the final 3 months of pregnancy and continuing to engage in moderate-intensity physical activity.

Latest available national data from the Public Health Outcomes Framework shows 20% of women in Oxfordshire are already obese in early pregnancy and local data highlighted between March 2022 and Feb 2023, found over 1900 pregnant women had a BMI of 30 or over at the time of booking (within the first 12 weeks of pregnancy).

#### **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.

To date in Oxfordshire more than 125 stakeholders have worked together on a collaborative approach to develop and deliver an Oxfordshire Whole Systems approach to Healthy Weight (WSA), based on guidance issued in July 2019<sup>7</sup>.

The process in Oxfordshire began in late 2019 following HIB endorsement of the approach, with development of a WSA action plan working across wide-ranging stakeholders. As the progress update below shows, some actions have moved forward despite being hindered during the COVID-19 pandemic.

A refresh and review in 2022 identified key action areas to move forward. A comprehensive Health Needs Assessment (HNA) for promoting healthy weight was published in 2023, using a range of sources to collate evidence including community engagement projects, stakeholder needs, national and local data and national guidance and research literature. 23 recommendations were made to stall the upward trajectory of overweight and obesity levels in Oxfordshire (Appendix 1).

Of note, the HNA 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. In addition, it focuses on prevention; recognising that to address a population level problem, whole systems prevention-focused approaches are needed

Since publication of the HNA, the WSA action plan has been refreshed (Appendix 2). Actions centre around four areas of focus as per Figure 10, below. 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, key actions focus on the need for prevention, particularly in the early years and on the healthy weight environment. These will require leaders from across the Oxfordshire system to contribute and support.

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<sup>7</sup> PHE (2019) Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight. Available [here](#)





Figure 10: Figure showing the four pillars of the whole system approach to healthy weight for Oxfordshire

The pie charts in Figure 11, below, show the development and shift of actions across pillars for the WSA from conception to date. To note the development of an additional pillar of ‘prevention’ since 2019/2020, and the split across the four pillars being more equal. This signifies a move away from most responsibility being on the individual, and instead showing how preventative and environmental changes are key in next steps.

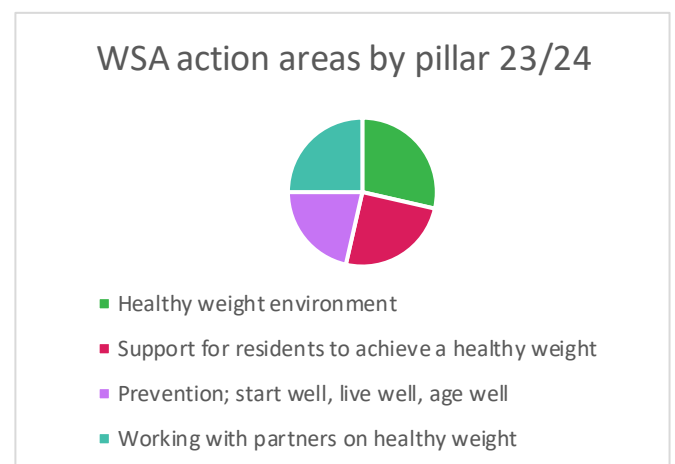
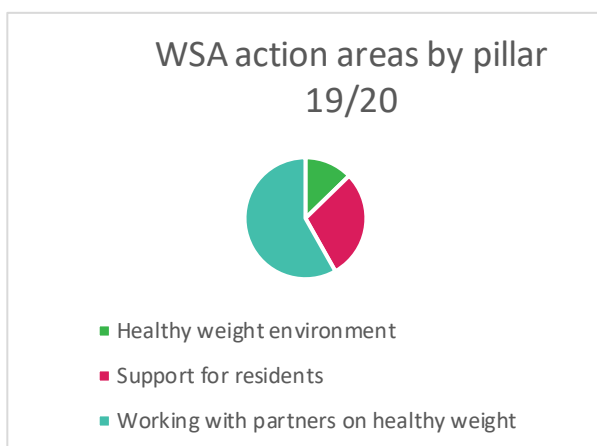


Figure 11: Pie charts indicating shift in actions from whole systems approach in 19/20 to 23/24

There have been many achievements of the Oxfordshire WSA action plan since conception.

Tables 1 and 2 (below), present a summary of work in progress and in plan, and what more can be done. It must be acknowledged that in addition to this plan there are other ongoing initiatives within Oxfordshire that continue to support the WSA that are not explicitly named for example, increasing breastfeeding rates and other initiatives undertaken by the health visiting and school nursing services for early years, parents and families.

While it remains important to identify people with excess weight and to provide them opportunities for advice and support, if we are really to make a shift-change we have to focus on the wider environment, particularly that which influences food consumption.

Table 1 Oxfordshire Whole System Approach To Healthy Weight: Work undertaken or in progress

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
System Leadership	<p>Complete a comprehensive Health Needs Assessment and updated action plan.</p> <p>Publication of the Countywide Food Strategy Part 1</p> <p>Achieved Sustainable Food Places Silver Award for the County</p> <p>Coordinated and delivered workshop for senior leaders to explore taking forward healthy food environment recommendations from HNA across the County</p> <p>Ensure policies, strategies, communications, campaigns, and weight management programmes avoid perpetuating weight stigma</p>	<p>Support Governance group for Oxfordshire on the Move</p> <p>Recruitment of strategic schools' advisor to work in schools in targeted priority neighbourhoods</p> <p>Support governance for the Oxfordshire Food Strategy, (SRO Ansa Azhar, DPH), OCC Food Strategy action plan to be agreed. Food Action Working Group (FAWG) formed in each of the City/District area to develop a local action plan by end of 2023</p> <p>Public Health member of the OHID Southeast compassionate approach to weight working group, - developing a consensus statement to be adopted.</p>
Prevention	<p>Implement a pilot of Active Schools Framework for a whole school approach to physical activity, evaluation to be completed in 2024.</p> <p>Healthy Start raising awareness through marketing and training for example stickers on all 'red books' and retailers in priority neighbourhoods, <a href="#">online training for frontline professionals and volunteers</a>.</p> <p>Cycling and walking activation programmes</p> <p>Delivery of the evidence-based Healthy Smiles Accreditation Scheme to support good oral health in early years.</p> <p>Survey of Early Years and Childcare settings to inform future approach of support; education, training and knowledge on healthy eating and food provision.</p>	<p>Social marketing campaign related to Healthy Start Programme</p> <p>Focus groups with Early Years setting to 'deep dive' into survey results</p> <p>Provision of licenses to access training on 'Fussy Eating' for Early Years and Home Start workers (working with vulnerable families)</p> <p>Recommendation report for cooking and healthy eating activities. To inform future approach for interventions and increase uptake in key target groups (life transitions; leaving home or becoming a parent).</p>

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
	<p>Mapping and gap analysis for cooking and healthy eating activities across Oxfordshire underway.</p> <p>Amplified national and local campaigns on healthy eating and food for example Eat Them to Defeat Them, Switch Up Your Lunch</p>	
Support	<p>Expansion of the adult healthy weight service to include bespoke programmes for diverse and multi-ethnic communities and for people with mental health conditions</p> <p>Revised content of National Child Measurement Programme letters and signposting leaflet including offer for parents</p> <p>Commissioned and evaluated a pilot healthy weight support service for 4–12-year-olds and their parents/carers</p> <p>Developed and physical activity programme to support adults with long-term conditions (Move Together)</p> <p>Developed and delivered physical activity opportunities for young people/families eligible/in receipt of benefits related free school meals (You Move)</p> <p>Social prescribers linking residents with active recreation opportunities</p>	<p>Develop an adult healthy weight pathway across the system to connect offers in primary care with specialist services and improved uptake of support services in Oxfordshire. Support dissemination and identification to (health care) professionals via webinar.</p> <p>Commission an all age healthy weight service.</p>
Environment	<p>Completed a community insight project, 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.</p> <p>Reviewed and shared best practice around shifting advertising in the Oxfordshire from High, Fat, Salt and Sugar (junk food) to healthier food advertising. Assessment of advertising spaces in Oxfordshire and who owns those spaces underway.</p>	<p>Oxfordshire Good Food Retail project - to support convenience stores to improve access to healthier food options (targeted in areas of highest excess weight – delivery 2023 - 25).</p> <p>Oxfordshire County Council Catering has signed up to Food for Life Served Here award to ensure they provide healthy and sustainable food in schools. Menus are being assessed to identify good practice and where adaption and improvement is needed.</p>

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
	<p>Reviewed and shared best practice around consultation and wording in Local Plans to support potential restriction of new fast-food outlets within specific radius of schools</p> <p>Reviewed evidence and best-practice on potential provision of an accreditation and support offer across Oxfordshire for existing food businesses/outlets</p>	

However, there is more to be done; the actions in Table 2 below are required to further progress work. They will need significant support and input from ALL partners across the Oxfordshire system.

Table 1 Oxfordshire Whole System Approach To Healthy Weight: further progress.

Pillar	
System Leadership	<p>Identify key senior leaders within key organisations to support the development of a healthy weight steering group/alliance to drive forward the recommended actions from the HNA and WSA.</p> <p>Consider signing up to the Food Active <a href="#">Local Government Healthy Weight Declaration</a> to galvanise further senior buy in across the system to support a healthy weight in Oxfordshire.</p> <p>Take action to revise Local Plans to support improving the food environment</p> <p>Take actions within licensing to support a healthier food environment</p> <p>Promote healthy catering and food provision policies and practices within organisations belonging to the Health Improvement Board, identifying where they can further influence</p> <p>Key learning and new relationships developed through the strategic schools' advisor in schools and opportunities for change.</p>
Prevention	<p>Deliver a learning and skill development offer for early years and childcare settings for healthy eating and food provision</p> <p>Evaluate the engagement and impact of the Healthy Start social marketing campaign</p> <p>Review evaluation for the Creating Active Schools framework</p>

	Review recommendations for cooking and healthy eating interventions across Oxfordshire
Support	<p>Embed healthy weight screening and referrals into acute NHS services</p> <p>Put in place support for pregnant women who are overweight and consider prevention approaches</p> <p>Review best practice for supporting prevention and provision for learning disabilities</p> <p>Commission a Tier 3 weight management service for adults aged 18+</p> <p>Explore the need for a Tier 3 weight management clinic for children and young people</p> <p>Close the Tier 4 Gap (referral to Bariatric)</p>
Environment	<p>Working with local existing food providers (food, convenience stores/shops, street traders) to support provision of healthier options and develop a Good Food Retail criteria to enable the expansion of the pilot across the County</p> <p>Exploring opportunities to restrict less healthy options particularly in and around schools, such as new hot food takeaways</p> <p>Change the focus on advertising of food with high fat, salt and sugar content.</p>

## 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, increasing poor health outcomes and shortening their lives.

**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 range<sup>8</sup>. 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 life<sup>9</sup>. Experiencing excess weight as a child means they will be twice as likely to becoming overweight/obese in adulthood<sup>10</sup> 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

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<sup>8</sup> LGA (2020) Social care and obesity. Available [here](#)

<sup>9</sup> UNICEF (2013) The first 1000 days of life: The brain's window of opportunity. Available [here](#)

<sup>10</sup> 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>

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.

## 4. Appendices

### 6.1 Appendix 1: Recommendations from Healthy Weight Health Needs Assessment



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Recommendations Su

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## Summary list of recommendations

**For a comprehensive list of recommendations with rationale see Appendix 11.14.**

KEY OBJECTIVE 1

### **System - address healthy weight inequalities in everything we do**

1. Prioritise actions based on, and measure progress against, addressing healthy weight inequalities.
2. Ensure our policies, strategies, communications, campaigns, and weight support programmes avoid perpetuating weight stigma and use co-production approaches in the design of weight support services

KEY OBJECTIVE 2

### **Prevent - To prevent excess weight, start early**

*A substantial proportion of children are already affected by excess weight by the time they start Reception. From national data, we know that the majority of these children will still be affected by overweight in Year 6 and see that health inequalities in excess weight already start developing from this early age. This highlights the need to promote a healthy weight in parents during pregnancy, breastfeeding, through early years providers and in school settings. Residents identified being exposed to healthy eating habits and a cooking culture at home early in life as key factors that support their motivation to cook themselves later in life. The research evidence suggests childhood Physical Activity (PA) levels predict PA levels later in life (for example levels later in childhood, during adolescence and adulthood).*



3. Collate up-to-date small area data to assess for inequalities in breastfeeding initiation and continuation within Oxfordshire, taking action to address inequalities if required
4. a) Work with early years providers to assess current food provision against, and understand facilitators and barriers to adherence to, national nutritional guidance and work to improve adherence where it is currently low  
b) Understand the opportunities for breastfeeding support, promotion of the Healthy Start scheme and increasing children's confidence to engage in physical activity through these settings
5. Review the evidence on programmes to prevent childhood obesity aimed at children aged 0-3 years to identify those that have been demonstrated to have longer term impacts on enabling healthier diets and physical activity.
6. Ensure a continued focus on increasing uptake of the Healthy Start scheme across Oxfordshire via the OCC Healthy Start working group action plan and District Food Action Working Groups
7. Implement a 'whole school approach' to promote healthier eating and physical activity in schools, prioritising areas with high excess weight prevalence amongst children.

#### KEY OBJECTIVE 3

### **Environment - Enable healthy weight by building healthy places and environments**

*In community engagement, residents described the constant exposure to less healthy foods through neighbourhoods, social media and advertising as making it easy for less healthy dietary habits to develop. It is estimated that nationally around one in five meals are eaten outside of the home. Meals from out-of-home food outlets tend to have higher levels of saturated fats, sugar, and salt, and lower levels of essential micronutrients. National data show that less affluent areas have a higher concentration of fast-food outlets. Research has found that the proportion of school pupils regularly purchasing food outside of school is much higher in these areas, with the most commonly purchased foods including chips, sandwiches, sweets and chocolate. This highlights the importance of healthy food environments around schools as well as within schools.*

8. Use available levers to restrict advertising of less healthy food in public sector spaces and externally owned spaces across Oxfordshire
9. Introduce planning policy to limit proliferation of less healthy food vendors, prioritising areas with the highest levels of excess weight and around schools
10. Use levers within licensing to increase exposure to healthier foods and limit exposure to less healthy foods
11. Use evidence-based levers to support and incentivise local food outlets to provide a healthier food offer
12. Ensure Government Buying Standard-based criteria are used in the procurement of food and catering services by public sector facilities
13. a) Identify and act on opportunities to increase the healthiness of the food offer provided by Community Food Services

- b) Ensure information on best practice for addressing stigma associated with accessing services and improving accessibility is shared between Community Food Services
14. Develop Local Cycling and Walking Infrastructure Plans in all market towns in Oxfordshire
  15. Work with partners to implement the priorities of the Local Transport and Connectivity Plan and review progress in achieving its targeted aims of increasing walking and cycling. Including work with Local Enterprise Partnerships to ensure physical activity is integrated into local economic growth and infrastructure plans
  16. Sustain support for cycling and walking activation programmes, especially aiming to increase engagement amongst those who are least active, and evaluate their impact and reach
  17. Support community engagement activities to improve the quality of existing green spaces in order to increase use of green space in the population groups known to be at the highest risk from low physical activity levels
  18. Consider the added value a workplace wellbeing programme for Oxfordshire could contribute to improving healthy eating and increasing physical activity (as well as other health promoting behaviours such as smoking)

## 2. SUMMARY LIST OF RECOMMENDATIONS

### KEY OBJECTIVE 4

#### **Prevent - Environment - Enable healthy weight by building healthy places and environments**

19. a) Review existing cooking-related training to ensure it is meeting the specific needs identified by residents during community engagement.  
b) Work with providers of cooking-related training to measure and increase uptake in key target groups (including those at important life transitions such as leaving home or becoming a new parent).
20. Use and expand upon existing evidence from community engagement with residents to ensure the active recreation offer in Oxfordshire aligns with activity preferences across different age groups
21. Ensure information about programmes that support physical activity (including what activities are available), healthy diet and weight support services, is promoted to the public and partners working with those at the greatest risk from excess weight

### KEY OBJECTIVE 5:

## **Support - Ensure those living with excess weight are connected with healthy weight-promoting programmes and weight support services**

*Several weight management support programmes are offered in Oxfordshire for children and adults, as well as specific programmes for adults living with a mental health condition(s) (Gloji Mind+), residents from a Black, Asian or minority ethnic background and for men. Offers need to be joined up across the lifecycle.*

- 22.** a) Address the gap in provision at Tiers 3 and 4 in Oxfordshire. At Level 2 ensure support is provided for groups that experience a high prevalence of excess weight where gaps have been identified (those with learning disabilities, women peri-pregnancy, young people aged 12-18 years) alongside promoting prevention-orientated approaches in these groups  
b) Develop a clear healthy weight care pathway for children and adults across all ages and commissioning bodies
- 23.** a) Identify brief intervention approaches for excess weight that complement the MECC ('Making Every Contact Count') approach.  
b) Identify professional groups who have a high amount of contact with groups at high risk of excess weight with whom to implement the MECC/brief intervention approaches to excess weight, monitoring the effectiveness of training where delivered.

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



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Action Plan Summary.

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
Strategic Leadership	1	Maintain oversight of new guidance related to healthy weight - ensure regular review, dissemination and updates.	Core Group	Ongoing
	2	Develop a suite of outcomes/monitoring data related to healthy weight and a related trend/trajectory to enable monitoring	Core Group	Ongoing
	3	Ensure recommendations related to 2023 HNA for promoting healthy weight are embedded into action plan.	Core Group	End of 2023
	4	Ensure policies, strategies, communications, campaigns, and weight management programmes delivered in Oxfordshire avoid perpetuating weight stigma	Core Group	Ongoing
	5	Work towards relevant partners Adopting the Healthy Weight Declaration	Exec leads for District/City/County Councils & ICS	23/24 24/25
	6	Support the implementation of the Food Strategy for Oxfordshire. Ensure relevant recommendations are embedded in the healthy weight action plan and vice versa.	Good Food Oxford, Core Working Group	Y1- High Sep 2021-May 22

7		Support the implementation of the Physical Activity Strategy and ensure relevant recommendations are embedded in the healthy weight action plan (and vice versa).	Active Oxfordshire /Public Health /5 DCs, Core Working Group	Y1- High, Launch May 2022
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Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
Prevention	1	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.	Public Health/HW in Childhood Group	23/24 24/25
	2	Early Years. 1. Establish baseline level of knowledge, skills and capacity in relation to nutritionally balanced food provision amongst Early Years and Childcare Providers and develop plan to improve. 2. Work with early years providers to assess: - current food provision against national nutritional recommendations and understand facilitators and barriers to adhering to national recommendations	HW in Childhood Group	2023  24/25 to implement offer
	3	Breastfeeding: 1. Ensure accreditation to best practice standards for infant feeding (e.g. Unicef Baby Friendly Initiative/support with 'fussy eaters' ). 2. Collate up-to-date small area data on breastfeeding initiation and at 6-8 weeks to assess for inequalities in breastfeeding continuation within Oxfordshire.	HW in childhood group	24/25

	4	Improve the uptake of Healthy Start vitamins and vouchers across the County, including promoting the service, communications and training for relevant frontline professionals and volunteers.	Healthy Start Working Group and City and Districts Food Action Working Groups - formed April 2023	Action plans for City/Districts end of May 2023
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Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
	5	Amplify national and develop and promote local campaigns and programmes on healthy eating and food to partners and the public.	Food Sustainability and Health Group	Ongoing
	6	Develop a School Food and Physical Activity Advisor role to manage a suite of work for a 'whole school approach' to healthy weight/physical activity in identified targeted areas/schools.	Public Health and Children, Education and Families (CEF) at OCC	April 2023 - High - Q2 & Q3
Physical Activity – Oxfordshire on the Move	1	Development of You Move programme to support low-income families with a year-round physical activity offer across all 5 districts, building on the learning from Families, Active and Sporting Together.	Active Oxfordshire	Launched May 2022
	2	Support residents to find active recreation activities they enjoy by using insights collected on activity preferences to influence commissioning provision and ensure information about activities available is easily accessible	Active Oxfordshire	24/25
	3	Review and implement Creating Active Schools Framework with Oxfordshire schools to embed a whole school approach in addressing physical inactivity.	ACTIVE OXFORDSHIRE	Y1- High, launch Jan 2021

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
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Support	1	Develop a clear, streamlined healthy weight pathway for adults (Tier 1-4) and improve the integration and referral protocols across the pathway for adults and children.	ICB and Public Health	Y2- High 23/24
	2	Understand, monitor and promote opportunities within frontline settings to prompt healthy weight conversations and onward referral. Including Primary Care, Pharmacy, Adult Social Care and other frontline professionals by 1. Ensure information about support and programmes is promoted 2. Identify and target MECC training to certain roles.	MECC Lead. Core Group	TBC
	3	Evaluate and review findings of the child healthy weight pilot for Oxfordshire (Gloji Energy).	JS/DP/SC, HW in childhood group	July 2022 service launch 23/24 Service evaluation complete Used to inform the recommission of all age healthy weight service 24/25
	4	Commission a Tier 3 Weight Management Service for Adults (age 18 years and above)	ICB	May 2022 options paper submitted – progress paused?
	5	Explore the need for a Tier 3 Weight Management Clinic for Children and YP (age 2 up to 16 years old).	HW in childhood group/ICB	Y1 High . Sept 2022
	6	Understand the Tier 4 Gap (referral to Bariatric) which has been paused during COVID (provided by OUH)	ICB	23/24 24/25

Pillar		<b>ACTION</b>	<b>LEAD</b>	<b>PRIORITY AND TIMESCALE</b>
	7	Address gaps identified in HNA (learning disability, pregnancy, teens). Including exploring best practice and recommending local approach for both prevention and support	Public Health, OUH Maternity Lead & Dietetics LD lead within OCC and ICB.	23/24 24/25

Healthy Weight Environment	1	Complete mapping and gap analysis of existing activity, organisations, community assets and needs supporting <b>cooking and healthy eating</b> to inform future approach to interventions.	Good Food Oxfordshire Food Sustainability and Health Group	April 2023 (start of work) - December 2023 report with recommendations
	2	Work with providers of cooking-related training to measure and increase uptake in key target groups (including those important life transitions such as <b>leaving home or becoming a parent</b> ).	Good Food Oxfordshire	
	3	Oxfordshire to achieve the <b>Sustainable Food Places</b> Gold award by 2025.	Good Food Oxfordshire, Food Sustainability & Health Group	Target of May 2025 to achieve Gold
	4	Deliver the <b>Oxfordshire Good Food Retail project</b> in target areas to improve the accessibility of healthier food options (convenience stores, wholesalers)	Public Health, Rice Marketing	23/24 24/25
<b>Pillar</b>	<b>ACTION</b>	<b>LEAD</b>	<b>PRIORITY AND TIMESCALE</b>	
	5	<b>Healthier food advertising</b> - reduce advertising of less healthy foods by 1. Conduct an assessment of advertising spaces in Oxfordshire and who owns those spaces 2. Identify levers to restrict advertising of less healthy food in public sector spaces and externally-owned spaces across Oxfordshire 3. Work with Sustain on a healthier food advertising policy	Public Health District, City and Town (& Parish?) Councils	23/24 24/25



6	Introduce planning policy to limit proliferation of less healthy food vendors (ie <b>hot food takeaways - planning, street trading close to schools</b> ).	Public Health, District, City Councils	23/24 24/25
7	<b>Provision of healthier food in public sector facilities:</b> 1. Use Government Buying Standard-based criteria in the procurement of food and catering services by public sector facilities (excluding educational settings) 2. Review opportunities to embed these guidelines into contracts or leases	Oxfordshire County Council and ICB	23/24 24/25
8	<b>Support local food outlets (hot food takeaways, mobile food vendors, shops) to provide a healthier food and drink offer</b> - utilising levers such as healthy catering/eating out award schemes, dedicated support/capacity roles and training to incentivise.	Public Health, District, City Councils	23/24 24/25