

1. Introduction

The aim of this paper is to:

- Review the issue and extent of the problem in Oxfordshire; and outline the progress that has been made since 2009.
- Discuss some of the promising initiatives, the gaps and what more could be done.
- Ask the Health Improvement Board to consider approaches to preventing obesity, building on work that is already underway.

1.1 Why is it a priority

Obesity is a condition of excess body fat and in adults is defined as a body mass index (BMI) of 30 or more. The number of obese individuals in England has tripled since the 1980s and it is estimated that approximately 31 million adults or two thirds of the UK population are either overweight or obese. If current trends continue it is estimated that nearly 60% of the UK population could be obese by 2050.

Being obese reduces life expectancy by an average of nine years and is attributable to many more years of ill health. It causes long-term chronic diseases such as diabetes, stroke and heart disease and the risk of disease gets worse the more overweight people become. Obesity can severely affect mobility and general deteriorations in physical health and mental well-being are common in very obese individuals. Once established, obesity can be difficult to treat so prevention and early intervention are extremely important.

1.2 What do we know about the problem in Oxfordshire?

The National Childhood Measurement Programme (NCMP) provides annual data on the number and proportion of underweight, overweight and obese children in Reception and Year 6. The programme has been in place since 2006/2007. The NCMP surveillance data (Figures 1 and 2) tells us that:

- Oxfordshire continues to have rates of obesity which are lower than the national average.
- Children in year 6 have a higher prevalence of obesity than those in Reception year (15.6% and 7% respectively) indicating intervention should start in the early years by promoting breastfeeding, healthy weaning and healthy lifestyles in children & families.
- Oxfordshire obesity rates have remained fairly stable over this period (fluctuating between 15.1% and 15.8%) but do not show signs of declining. Although the rate dropped to 15.1% in 2009/10 and 2010/11 it has now risen to 15.6%.
- Higher rates of obesity in Oxford City (19.5%) and Cherwell (17.2%) are a particular cause for concern and are likely to reflect a population with more social disadvantage and more ethnic minority groups.

Figure 1.

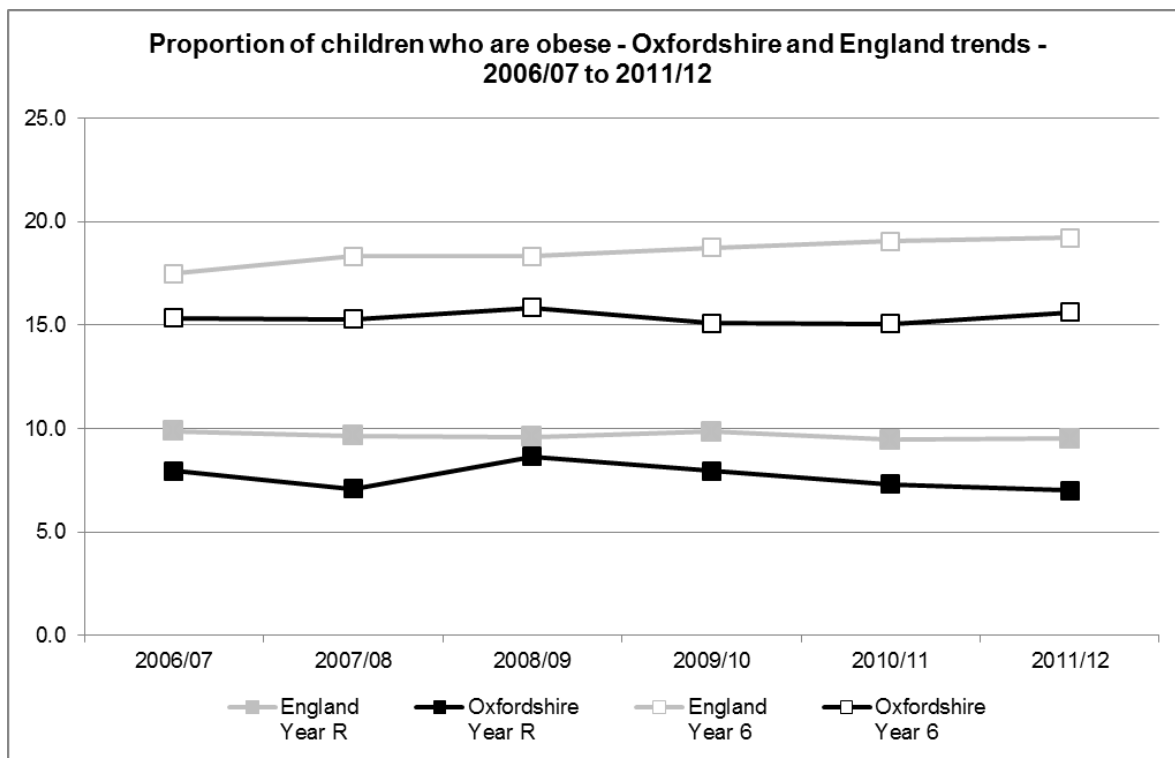
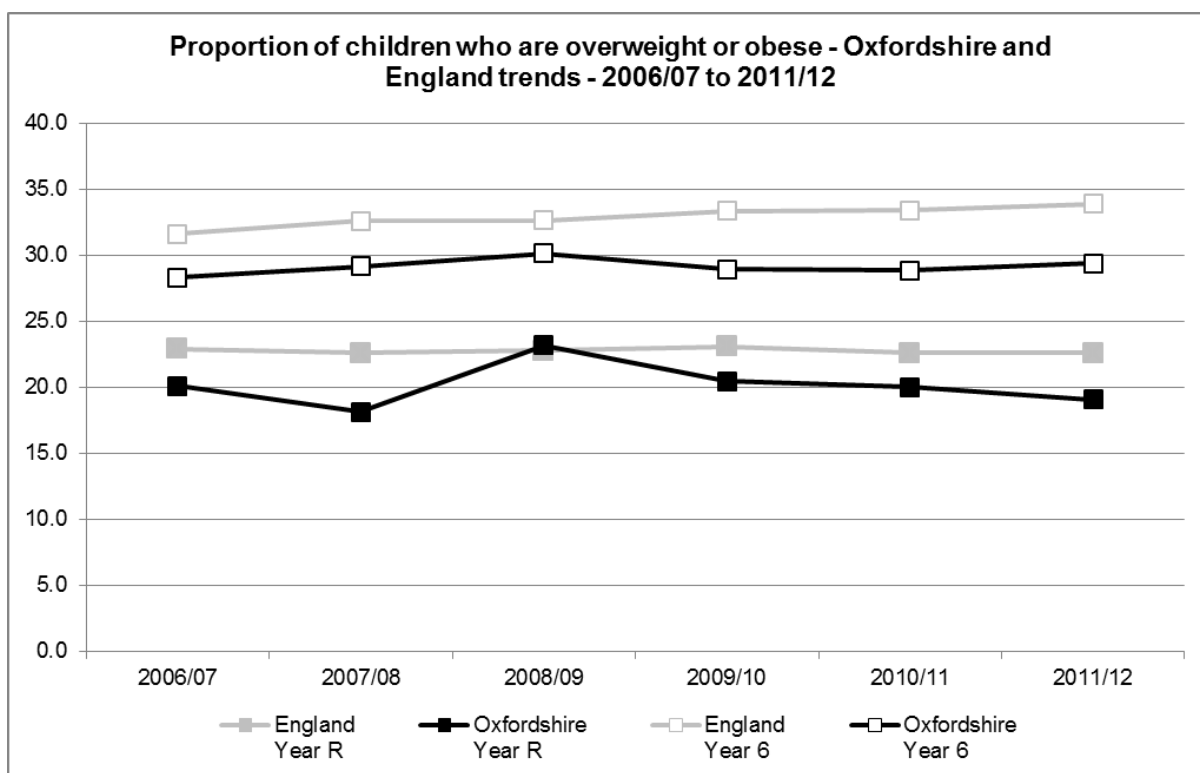


Figure 2.



There is no effective way of monitoring adult obesity at a local level. Health Survey England (HSE) data, which is used to monitor national rates, relies on small sample size which these can make the data unreliable. The most recent HSE suggests that 29 % of adults in Oxfordshire are obese compared to the England figure of 25%. Recent data from the national Health Checks programme suggest that up to 60 % of 40 – 64 year olds in Oxfordshire are overweight or obese, reflecting the national picture.

1.3 National and local approaches to the problem

In 2009 we launched the first Public Health Strategy for Commissioning Obesity Services within Oxfordshire. We established a multiagency 'Healthy Weight Network' which contributes to and monitors the countywide 'Healthy Weight Delivery Plan'. Since 2009, we have commissioned a range of universal services and targeted initiatives which help to prevent overweight and obesity. We have an adult care pathway and a range of adult weight management (treatment) services which are accessible through GP practices. We are also piloting a children and families service in Oxford and Banbury which will be commissioned across the county from April 2014. Appendix 1 provides a list of local services and initiatives.

In the meantime, the new national Obesity strategy, Healthy Lives, Healthy People: A call to action on obesity in England launched October 2011, the key points of which are:

- For government, local government and key partners to act to change the environment thus supporting individuals to change their behaviour
- Cradle to Grave approach, which also addresses inequalities
- Issuing two new national ambitions (targets)
 1. Sustained downward trend in childhood obesity by 2020
 2. A downward trend in average weight across all adults by 2020

The general approach of the national strategy is national and local multiagency approach to:

- Helping People to make healthy food and drink choices
- Helping people to become more active
- Transforming the environment, especially within workplaces.

1.4 Current Challenges

The energy imbalance, which causes obesity, is driven by a complex, multifaceted system of determinates and no one cause is dominant. Therefore finding ways to tackle the root causes of the problem and intervene successfully is not straightforward and requires a long term, multifaceted approach.

Austerity and policy changes since 2010 have impacted on some of our local preventative services and ambitions. For example, there have been cuts to the nationally funded School Sport Partnerships and Healthy School programmes and local leisure, transport and children's services have also been squeezed. Nevertheless, we need to remain focused on enabling people to maintain a healthy weight. Obesity adds £1 million **every year** to the cost of the NHS services in Oxfordshire alone; we need to take action to, in the first instance halt the year on year rise of obesity and then reduce these levels in a sustainable way. This ambition requires a long term strategy that is focused on prevention.

To achieve this we need to make a shift change in our approach and engage with a broader church of local organisations. There are opportunities to be gained from the public health function returning to the local authority; for example, by linking public health priorities more closely to the strategic objectives planning, transport and community services. However, this influence also needs to extend to district and town councils, the private and voluntary sectors.

This paper will now discuss some of the promising initiatives, the gaps and what more could be done. As the issue is complex, the discussion is broken down by early years, children and young people, adults and cross cutting themes.

2. Early years

Preventing obesity begins in the pre-school years, perhaps even before a child is conceived. In Oxfordshire, nearly 1 in 5 children are already overweight or obese when they begin school and evidence is now emerging that an overweight or obese mother in pregnancy is an indicator of a child's future weight. In addition, eating and physical activity behaviours in adulthood have their roots in the early years and association between parent's lifestyle and their children's has been demonstrated.

2.1 What are we doing now?

- Universal Health Visiting services, children's centres and breastfeeding cafés provide advice to parents on parenting, weaning and breastfeeding.
- Providers are being challenged to increase rates of breastfeeding to 60% or more as breast milk is highly nutritious and helps to protect against a variety of child and adult diseases including obesity.
- We commission HENRY (Health Exercise Nutrition for the Really Young) training which enables practitioners to provide 1-2-1 and group based support and expertise that empowers parent and families to make healthier choices
- The Healthy Child Programme is being implemented across Oxfordshire.

However there is more that can be done, particularly to address inequalities. For example, despite additional support, breastfeeding rates in our most deprived wards remain 20% lower than our least deprived and 10% lower than the average for Oxfordshire.

2.2 What else can be done?

Oxfordshire Clinical Commissioners, Oxfordshire County Council and the Local Area Team should ensure that primary prevention is fully integrated into the core offer of providers and closely monitored as part of the following contracts:

- Midwifery
- Heath Visiting
- Community paediatricians
- School Nursing
- Children Centres/Early Years Settings

Examples could include:

- Lead professionals to develop & implement service plans for healthy weight including proportional universalism of breastfeeding, weaning and parenting support.
- Mandatory training of primary care practitioners and community midwives to be aware of risk factors that will predispose children to be obese and take action accordingly.
- Paediatricians to provide clear and consistent advice to parents of children identified as overweight or obese and refer to relevant community service.
- Early years settings to provide healthy promoting environments for families and children and develop and implement service plans for healthy weight.

- Addressing the barriers faced by staff including knowledge, confidence and their own weight management issues (links to workplace health).

All partners regularly review their strategies, plans and services against National Institute of Clinical Excellence (NICE) guidance and provide regular updates to the board as part of the healthy weight plan. We should concentrate on the following areas:

- Publically owned facilities, including health provider settings, to be health promoting environments for adults, children & families.
- Increase accessibility of parks and green spaces to families and strategies that support active play.
- Publically owned buildings with facilities which ensure mums can breastfeed and policies to encourage shops and restaurants to be 'Breastfeeding Friendly'.

3. Children and Young People

3/10 children are entering secondary schools in Oxfordshire will be overweight or obese. Overweight children are more likely to become overweight adults; the younger that children become obese, the longer they are likely to be living with a risk factor such as coronary heart disease, stroke, type 2 diabetes and cancers. Children and young people who are obese will have lower levels of physical fitness, suffer from discrimination, and have low self-esteem and a lower quality of life.

3.1 What are we doing now?

- Oxfordshire Play Partnership has been successful in creating and promoting opportunities for children to enjoy active play
- Oxfordshire County Council (OCC) successfully commissions the NCMP programme, providing robust data and proactive feedback to parents and carers about their child's weight status.
- Responsibility for commissioning School Nursing has transferred to OCC and the Council will ensure that healthy weight management is embedded into the service specification and monitored from March 2014.
- District councils and school sport coordinators are supporting schools to make best use of the Pupil Premium for Sport & Physical Education (PE)

In 2010, 90% of schools had reached Healthy School Standard and 45% of children were doing at least 3 hours of high quality PE and out of hour's school sport in a typical week. However, as previously ring fenced funding for School Sport Partnerships and Healthy Schools has now transferred directly to schools and we do not have a clear picture of what local schools offer in or outside school hours. Schools are becoming independent of the local authority and universal prevention initiatives for school age children will be more challenging to fund and implement in the future.

3.2 What more could be done?

- Headmasters and school governor's to maintain and report status of the Healthy School Standard.
- Headmasters and school governor's to work with school health nurses to develop an annual healthy school plan and promote the national Change4Life initiative in discussions with children & parents.
- Schools should play particular attention to improving their physical activity offer, particularly to girls and other groups who are less likely to participate.

All partners regularly review their strategies, plans and services against NICE guidance and provide regular updates to the board as part of the healthy weight plan. We should concentrate on the following areas:

- Publically owned facilities, including schools & colleges, to be health promoting environments for children and young people
- Consult with children & young people to increase accessibility of leisure facilities, parks and green spaces
- Councils use saturation orders to prevent more fast food outlets being opened or trading near schools and colleges
- Use NCMP data more creatively to influence schools and local councils to improve the current offer of healthy food, physical activity, sport and active recreation to children and young people.

4. Adults

In Oxfordshire, 61.2% of adults reach Government recommendations for physical activity and we are the most active county in England. However, 22.2% of people do less than 30 minutes of activity a week and approximately 1 in 4 adults in Oxfordshire are obese, similar to the national average. Obesity increases with age, is strongly related to social deprivation and there are differences in the levels of prevalence across ethnic groups.

4.1 What are we doing now?

- We have a comprehensive care pathway for obese adults including a weight management referral hub and a range of treatment services
- All 40-74 year olds in Oxfordshire (who are not excluded from the programme) should be offered a Health Check by their GP every 5 years
- We have a range of community based physical activity initiatives, such as Go Active and Active Women in addition to the offer from leisure services

4.2 What more could be done?

- Men, older people and certain ethnic groups do not routinely access the services. We should continue efforts to support adults to maintain a healthy weight but respond more flexibly to differences in age, sex, social & ethnic background
- We could do more to promote or direct people to self-care and/or new online technologies to help adults manage their weight

However, as obesity is so difficult to treat and because children of obese parents are at greater risk of becoming obese themselves, we need to refocus our efforts on babies, children and families to prevent the cycle of obesity from repeating itself

5. Cross cutting themes including communications, local communities and workplaces

Local communities, workplaces and schools are where people live, work and spend most of their leisure time. Many of the services and initiatives discussed above are provided in these settings but there is more that could be done to:

- Engage local communities, workplaces and schools in the ambition to build health promoting environments and the development of local physical activity and healthy eating initiatives.

- Communicate clear and consistent messages about the importance of healthy weight management in addition to improving the marketing of existing programmes.
- Build the capacity of local communities, workplaces and schools to understand the importance of this agenda and support it in local plans and day to day activities.

Examples to consider:

- Developing a countywide communications plan for healthy weight including a set of key messages, a local brand and website information that all partners can align to.
- Continue to develop affordable active play opportunities, ensuring that there is sufficient space for children and young people to use, both indoor and outdoor.
- Encouraging schools to address their catering (including vending machines) and the food and drink children bring into school and healthy food policies encouraged by the National Healthy Schools Programme.
- Influencing transport planning, town planning and urban design to encourage more walking and cycling opportunities and easy access to affordable healthy foods.
- Ensuring that leisure facilities, parks and green spaces are accessible to all, offering a wide range of activities that are affordable and appeal to many different young people.
- Engaging with our own workforces to reduce obesity. For example, public sector workers account for nearly 1/3rd of the local workforce - tackling the obesity issue within this population would have a significant effect on our trends.
- Engage more with local communities to support the development of community initiatives such as “jog leaders” and “sport makers” and “learn to cook” sessions.
- Ensure that there is physical activity and healthy eating opportunities for all groups including those who are vulnerable, have long term conditions or have learning or physical disabilities.

6. Next steps

The aim of this paper has been to describe the current picture of obesity in Oxfordshire and to ask the Health Improvement Board to consider approaches to preventing obesity, building on work that is already underway. Our approach should prevent obesity, rather than treat it, as this will ultimately lead to a healthier population. This prevention approach will apply to the general population, but with a greater focus on babies and young children (primary school age) as this is when patterns of healthy eating and physical activity are formed. It is therefore an ideal age to introduce healthy behaviours that will last into adulthood.

The following table (Table 1) considers some of the key areas to be addressed in preventing obesity and some of the services that already have obesity prevention in their mandate. We ask that the Health Improvement Board use this table as a starting point to discuss how obesity prevention in Oxfordshire can best be taken forward, ensuring that all key stakeholders are engaged. An overarching framework will then be developed, to ensure that work is aligned across the sectors and that deliverables are achieved.

Table 1.	Healthy Eating	Physical Activity	Environment
General Population	<ul style="list-style-type: none"> • Communications and media strategy to promote healthy eating and physical activity • Linking to National campaigns • Healthy Workforce strategies • Planning – new developments and redevelopment, “Healthy Town” approach • Leisure facilities, parks and green spaces 		
	<ul style="list-style-type: none"> • Primary Care prevention approach • Healthy Hospitals and care settings 		
	Promotion and support of business selling local healthy produce over fast food chains	Green spaces in new and existing developments (particularly for psychosocial wellbeing)	
	Healthy eating strategy in workplaces	Creating a walkable environment	
	Engaging with local groups and training volunteers to deliver healthy eating/cooking sessions	Making cycling safer and more attractive (e.g. Cycle Lanes, 20mph limits, filtered permeability, priority at lights)	
		Transport (e.g. more public transport to facilitate walking, alternatives to using the car)	
		Living Streets (E.g. Summertown)	
		Active travel strategy	Mixed use development (people can walk to shops, leisure centre, schools and work)
		Engaging with local civic society groups e.g. Oxford Pedestrians Association and Oxford Cycle Campaign	

Table 1.	Healthy Eating	Physical Activity	Environment	
Children (Babies, Under 5's and Primary School)	<ul style="list-style-type: none"> • Communications and media targeted at children to counteract advertising from manufacturers of high calorie products • “Healthy Schools” concept – pilot school(s) to implement innovative ways of addressing obesity 			
	<ul style="list-style-type: none"> • Midwives – preventing & managing obesity in pregnancy • Health visitors – breastfeeding & early years interventions • School Nurses – healthy schools • Community paediatricians – primary care prevention approach • Children’s Centres • Early Years Hubs and Intervention Services 			
	Limiting availability of fast food options for children at school and around school) No vending machines with sugary drinks in school	Sports Clubs	Playgrounds/Activity areas for children	
	Restrictions on sponsorship by Big Food of children’s sporting events			Cycle lanes on school routes (backed up by safe cycle storage, cycle training at schools etc)
			Active travel strategy for schools: i.e. public transport, walking and cycling to school	

Appendix 1

Healthy Weight Service Mapping: September 2013

Age	Service/Intervention	Type	Description/Size of programme	Partners	Type
Generic work across all age groups	Increase participation in physical activity, sport & active recreation	Prevention Exercise	Receive & distribute national lottery funding from Sport England – whole Oxon pop	Oxfordshire Sports Partnership	Partnership
	Encourage active travel through transport strategy	Prevention Activity	Cycling, walking use of public transport – whole Oxon pop	OCC	Partnership
	Health Weight Network	All	Provide overarching steer by co-ordinating work – whole Oxon pop	ALL	Partnership
	Change4Life campaigns	Prevention Exercise Eating	National Campaigns and initiatives – whole Oxon pop	PHE/LPH	Partnership
Pregnant women	Silver star specialist care for obese mothers	Treatment All	Specialist maternity care - approx. 800 preg women per year	OUHT	OCCG Commission
	Antenatal classes	Prevention Eating Exercise	Breastfeeding advice healthy eating in preg - approx 8000 preg women per year	OH/LPH	LAT Commission
Prenatal to 5	Maternity Service	Prevention All	Maternity care includes supporting women to start & continue breastfeeding - approx. 640 per year	OH/LPH	OCCG Commission
	Health Visiting services	Prevention All	Parenting advice, weaning, breastfeeding advice and support to all - approx. 8000 families per year	OH/Children /LPH	LAT Commission
Birth to 18 years old	Community Breast feeding Support service in areas of deprivation	Prevention Eating	Specialist support to women in areas of deprivation – 900 babies per year	OH/LAT/ Children	OCC/LPH Commission
	Early Intervention Service and Social Care	Prevention All	Provides support to children at greater risk – unknown	Districts/ OCC/OH	OCC Provider
1 – 3 years	HENRY Parenting Programme	Prevention Eating	Healthy Eating & Nutrition in really young - approx 8000 families per year	OCC/LPH/ OH	LPH Commission
1 – 3 years	Breastfeeding support, healthy eating policy, parenting programmes	Prevention All	Children Centres as healthy living champions	OCC	Commission/ Provider
5 – 11 years	NCMP	Monitoring awareness	National Childhood measurement programme – 16,000 children per year	OH/Schools	OCC/ LPH Commission
5 – 16 years old	School based PE & Sport offer	Prevention All	Exercise in schools provision all school children 5 – 16	Schools/ Sports part	Partnership
	Pupil Premium for Sport & PE	Prevention All	National ring-fenced funding for primary schools	Sports part	Partnership
	School Health Nursing Services	Prevention Treatment All	Parenting advice, Healthy Eating & Exercise - all school children 5 – 16	OH/Children /OCC	OCC/LPH Commission
	Reach4Health Programme	Treatment	Intensive programme to improve eating & exercise behaviours in families – approx. 150 – 200 families per year	OH/Children /OCC	OCC/LPH Commission
5 – 16 years old	Free swimming for Children in Oxford City	Prevention Exercise	Offered during certain time periods, all children in Oxford City	District Councils	Commission
3-16 years old	Oxfordshire Play Partnership	Prevention Exercise	Increasing opportunities for children & young people to enjoy active play	ALL	Partnership
16+	Bariatric Surgery	Treatment All	Surgical treatments for obesity Approx. 30 patients per year	OUH/RBFT/ More Life	NCB Commission
	Adult Weight Management Service	Treatment All	Intensive programmes to support weight loss –2000 patients per year	More Life	OCC/LPH Commission
	Dietetics Services	Treatment All	Individual referral from GP for those with LTC/Obesity	OH/More Life	OCCG Commission
	Exercise on referral	Treatment Activity	GP referrals to leisure providers	GP's/Sports part/District	Partnership

Age	Service/Intervention	Type	Description/Size of programme	Partners	Type
16+	GO Active	Prevention Exercise	Exercise programme which co-ordinates activity – whole Oxon population	Sports partnerships Districts	Commission
	Active Women	Prevention Exercise	Exercise programme which co-ordinates activity for women – whole female Oxon population	Sports partnerships Districts	Commission
	GO Active, Get Healthy	Prevention Exercise	Experimental exercise programme and motivational interviewing with focus on sedentary population.	Sports partnership LPH/ Brookes University	Commission
	Health Walks	Prevention Treatment Exercise	Walking initiatives to encourage non walkers to walk – whole adult population	Sports partnership Districts	Partnership
	Green Gyms	Prevention Treatment Exercise	Gardening initiatives – WODC, SODC areas	District Councils Vol	Partnership
	Health checks/Disease registers	Monitoring awareness	GP identification of obesity and treatment – Oxon GP registered population	OCCG/GP's /LPH	OCC/NCB Commission
16 – 18 year olds	College Nursing Service for those in mainstream school	Prevention Treatment All	Personal advice and weight management advice – 16 – 18 yr olds at OCVC	OH/Children /LPH	OCC/LPH Commission
65+	Generation Games	Prevention Treatment All	Co-ordinating and development of older peoples physical activity Over 65 population of Oxon	Age UK/Leisure Providers/ Vol	OCCG Commission
	Leisure Services for Older Adults	Prevention Treatment Exercise	Exercise for the older person	Leisure Providers	District Commission

Key

OCCG- Oxfordshire Clinical Commissioning Group

OCC- Oxfordshire County Council

GP's – Primary Care General Practitioners

PHE – Public Health England

LAT – Local Area Team of the NHS National Commissioning Board

LPH – Local Public Health in Oxfordshire County Council

OUHT- Oxford University Hospitals NHS Trust

OH – Oxford Health NHS Trust

RBFT – Royal Berkshire Foundation Trust

Vol – Voluntary Sector